

State of California
DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

**NOTICE OF MODIFICATION TO TEXT OF PROPOSED
REGULATIONS (Inpatient Hospital Fee Schedule)**

And

NOTICE OF ADDITION OF DOCUMENTS TO RULEMAKING FILE

**A. NOTICE OF MODIFICATIONS TO PROPOSED TEXT OF
REGULATIONS**

NOTICE IS HEREBY GIVEN pursuant to Labor Code Section 5307.1 and Government Code Section 11346.8(c) that the Administrative Director of the Division of Workers' Compensation proposes to modify the text of the proposed amendments to the text of the regulations contained in Title 8, California Code of Regulations, Chapter 4.5, Subchapter 1, Article 5.5, Section 9792.1.

The subject matter of these regulations is payment for inpatient hospital services in workers' compensation cases.

**PRESENTATION OF WRITTEN COMMENTS AND DEADLINE FOR SUBMISSION OF
WRITTEN COMMENTS**

Members of the public are invited to present written comments regarding these proposed modifications. **Only comments directly concerning the proposed modifications to the text of the regulations will be considered and responded to.**

Written comments should be addressed to:

Guia Carreon, Regulations Coordinator
Department of Industrial Relations
Division of Workers' Compensation
Post Office Box 420603
San Francisco, CA 94142

The Division's contact person must receive all written comments concerning the proposed modifications to the regulations no later than 5:00 p.m. on December 20, 2000. Please note: Due to the inherent risk of non-delivery, written comments should not be transmitted by facsimile or electronic mail.

AVAILABILITY OF TEXT OF REGULATIONS AND RULEMAKING FILE

Copies of the original text and modified text with modifications clearly indicated, and the entire rulemaking file, are currently available for public review during normal business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays, at the offices of the Division of Workers' Compensation. The Division is located at 455 Golden Gate Avenue, 9th Floor, San Francisco, California.

Please contact the Division's regulations coordinator, Ms. Guia Carreon at (415) 703-4600 to arrange to inspect the rulemaking file.

The specific modifications proposed include changes to portions of Sections 9790.1 and 9792.1, and Appendices A, B and C to Section 9792.1. A copy of the proposed modified text is attached to this Notice.

FORMAT OF PROPOSED MODIFICATIONS

Deletions from the original regulatory text are indicated by strike-through, thus: ~~deleted language~~.

Additions to the original regulatory text are indicated by underlining, thus: underlined language.

Deletions from the amended regulatory text as proposed on July 28, 2000, are indicated by strike-through under-line, thus: ~~deleted language~~.

Additions to the amended text as proposed on July 28, 2000, are indicated by a double underline, thus: added language.

SUMMARY OF PROPOSED CHANGES

1. MODIFICATIONS TO SECTION 9790.1

The Federal Register and Health Care Financing Administration (HCFA) Hospital Inpatient Prospective Payment System data elements used in the formulae for determining "composite factors" are being updated to fiscal year 2001 levels.

Additional definitions, and the source of the data referenced, are being added for terms used in the proposed modified text of Section 9792.1. The terms added include:

- Capital outlier factor
- Costs
- Cost-to-charge ratio

- Cost outlier case
- Cost outlier threshold
- Inpatient Hospital Fee Schedule payment amount
- Operating outlier factor
- Outlier factor

The remaining existing and proposed subsections are being renumbered to accommodate the new definitions.

Subsection 9790.1(c)(2) (renumbered (h)(2)) is being amended as the ratios that were applied to generate the California revised DRG weights are being incorporated into Appendix B of Section 9792.1 in a new column identified as “DWC Revised Ratio” and Appendix C to Section 9790.1 is being repealed.

2. MODIFICATIONS TO PROPOSED TEXT OF SECTION 9792.1

(a) Section 9792.1(c)(1) Length of Stay Outlier Admissions

As the length of stay outlier methodology in the fee schedule is being replaced with a cost outlier methodology, existing subsection (c)(1) is being repealed and the remaining subsections and cross-references renumbered to accommodate this change.

(b) Section 9792.1(c)(2) (renumbered (c)(1)) – Exempt DRGs

Medicare has added the following new DRGs which all fall within the burn related DRG group currently exempted from the fee schedule:

- 504 - extensive 3rd degree burns w skin graft
- 505 - extensive 3rd degree burns w/o skin graft.
- 506 - full thickness burn w skin graft or inhal inj w cc or sig trauma.
- 507 - full thickness burn w skin graft or inhal inj w/o cc or sig trauma.
- 508 - full thickness burn w/o skin graft or inhal inj w cc or sig trauma.
- 509 - full thickness burn w/o skin graft or inhal inj w/o cc or sig trauma.
- 510 - non-extensive burns w cc or significant trauma
- 511 - non-extensive burns w/o cc or significant trauma.

In order to inform the regulated public that in accordance with the existing fee schedule these new burn related DRGs are also exempt from the fee schedule, a reference to these new DRGs is being added to this subsection.

(c) Section 9792.1(c)(8) (renumbered (c)(7)) – Cost Outliers

The Division is modifying the proposed cost outlier methodology to adopt Medicare's cost outlier methodology.

The cost outlier methodology proposed essentially involves a three-step process.

Step 1: Determine the Inpatient Hospital Fee Schedule payment amount (DRG relative weight x 1.2 x hospital specific composite factor).

Step 2: Determine admission costs. Admission costs = (total billed charges x total cost-to-charge ratio).

Step 3: Determine outlier threshold: Outlier threshold = (Inpatient Hospital Fee Schedule payment amount + hospital specific outlier factor).

If costs exceed the outlier threshold, the case is an outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + (0.8 x (costs - cost outlier threshold)).

In addition, for purposes of determining whether a case qualifies as a cost outlier case under this subsection, the Division is proposing to exclude implantable hardware and/or instrumentation reimbursed under subsection (9) below from the calculation of costs.

(d) Section 9792.1(c)(9) (renumbered (c)(8))– Implantable Hardware and Instrumentation

The Division is refining the proposed regulatory text to better define the provider's reimbursable costs as the provider's "documented paid costs." The 10% surcharge is also being capped at a maximum of \$250.00.

(e) Section 9792.1(e) - Effective Date of Section 9792.1

Section 9792.1(e) sets forth the effective date of Section 9792.1. For clarity, this section is being amended to state that newly adopted subsections (c)(7) and (c)(8) are not effective retroactively to April 1, 1999.

(f) Section 9792.1(f) – Sunset Provision for Subsections Concerning Cost Outliers and Implantable Hardware and Instrumentation

In anticipation of the biannual revision of the Inpatient Hospital Fee Schedule, the Division is proposing a sunset date of December 31, 2001, for the proposed cost outlier methodology and the implantable hardware provisions.

(g) Amendments to Text of Appendix A to Section 9792.1

Hospital names and provider numbers are being added and deleted to reflect the most recent HCFA listing of California hospitals and their Medicare provider numbers.

The following hospitals have been added:

- Buena Vista Medical Center
- Tri-City Regional Medical Center
- Provider number 50643 (hospital name unavailable)
- Orange Coast Memorial Medical Center
- Rancho Los Amigos National Rehabilitation Center
- Valley Plaza Doctors Hospital
- The Heart Hospital
- Tustin Hospital & Medical Center
- Provider number 50721 (hospital name unavailable)
- Provider number 50722 (hospital name unavailable)
- Provider number 50723 (hospital name unavailable)

The following hospitals have been deleted:

- Woodruff Community Hospital
- Kaiser Foundation Hospital - Richmond
- Thompson Memorial Medical Center
- Sierra Community Hospital
- Sutter Memorial Hospital
- Doctor's Hospital of Lakewood
- Stanislaus Medical Center
- CPMC California
- Sharp Cabrillo Hospital
- Medical Center North Hollywood
- Del Puerto Hospital Medicare Report
- Exeter Memorial Hospital
- Chico Community Hospital
- Pioneer Hospital
- Westside Hospital
- Long Beach Doctor's Hospital
- Visalia Community Hospital
- South Bay Hospital
- Covina Valley Community
- Bellwood General Hospital
- Tustin Hospital Medical Center
- Friendly Hills Medical Center
- Westlake Medical Center
- Harbor View Medical Center

- Kaiser Foundation Hospital Martinez
- East Bay Hospital
- Camarillo D.C.
- San Diego Hospice Acute Care
- Valleycare Medical Center
- The Orange County
- Specialty Hospital of Southern California
- Provider number 50715 (hospital name unavailable)

The following hospital names have been changed to conform to HCFA's provider list:

- "Peninsula Hospital" to "Mills Peninsula Hospital"
- "Arroyo Grande Hospital" to "Arroyo Grande Community Hospital"
- "Grossmont Hospital" to "Sharp Grossmont Hospital"
- "Mad River Community Hospital Care" to "Mad River Community Hospital"
- "Mount Zion Medical Center" to "Mount Zion Medical Center of UCSF"
- "Mount Enloe Memorial Hospital" to "Enloe Medical Center"
- "Brookside Hospital" to "Doctors Medical Center-San Pablo"
- "Sutter General Hospital" to "Sutter Community Hospital"
- "Santa Monica Medical Center" to "Santa Monica Hospital"
- "Mercy Hospital & Health Service" to "Mercy Hospital & Health System"
- "Tri-City Hospital District" to "Tri-City Medical Center"
- "Sierra Kings Health Care District" to "Sierra Kings District Hospital"
- "Washington Township District" to "Washington Hospital District"
- "Sequoia Hospital" to "Sequoia Health Services"
- "Siskiyou General Hospital" to "Fairchild Medical Center"
- "Anaheim Memorial Hospital" to "Anaheim Memorial Medical Center"
- "Garden Grove Hospital" to "Garden Grove Medical Center"
- "St. Joseph Medical Center" to "Providence St. Joseph Medical Center"
- "Methodist Hospital" to "Methodist Hospital of Southern California"
- "San Bernardino County Medical Center" to "Arrowhead Regional Medical Center"
- "Orange County Comm Hospital of Buena Park/Orange" to "Lincoln LLC"
- "Merrithew Memorial Hosp." to "Contra Costa Regional Medical Center"
- "Holy Cross Medical Center" to "Providence Holy Cross Medical Center"
- "Martin Luther Medical Center" to "Martin Luther Hospital"
- "Community Hospital of Sonoma" to "Sutter Community Hospital – Santa Rosa"
- "Riverside General Hospital" to "Riverside County Regional Medical Center"
- "Mercy Healthcare Bakersfield" to "Mercy Hospital"
- "Ukiah Valley Hospital" to "Ukiah Valley Medical Center"
- "Sutter Roseville Hospital" to "Sutter Roseville Medical Center"
- "Tracy Community Memorial Hospital" to "Sutter Tracy Community Hospital"
- "Torrance Memorial Hospital" to "Torrance Memorial Medical Center"
- "Goleta Valley Community Hospital" to "Goleta Valley Cottage Hospital"

- “Southern Inyo County LHD” to “Southern Inyo Hospital”
- “Biggs-Gridley Memorial Hospital Medicare Report” to “Biggs-Gridley Memorial Hospital Care”
- “Mercy Medical Center” to “Mercy Medical Center Mt. Shasta”
- “Indian Valley Hospital Medicare Report” to “Indian Valley Hospital”
- “Fallbrook Hospital District” to “Fallbrook District Hospital”
- “Frank Howard Hospital” to “Howard Memorial Hospital”
- “Stanford Health Services” to “Stanford University Hospital”
- “Merced Community Medical Center” to “Sutter Merced Medical Center”
- “Ridgecrest Community Hospital” to “Ridgecrest Regional Hospital”
- “Community Hospital of Gardena” to “Gardena Physician’s Hospital, Inc.”
- “Needles Desert Community” to “Colorado River Medical Center”
- “Southern Humbolt Community Hospital” to “Jerold Phillips Community Hospital”
- “Eden Hospital” to “Eden Medical Center”
- “Delta Memorial Hospital” to “Sutter Delta Medical Center”
- “Los Banos Community Hospital” to “Memorial Hospital – Los Banos”
- “Memorial Medical Center” to “Memorial Hospital - Modesto”
- “Samaritan Medical Center – San Clemente” to “San Clemente Hospital”
- “Veteran's Home of Calif.” to “Nelson M. Holderman Veterans Home”
- “North Coast Rehabilitation Center” to “North Coast Healthcare Center”
- “Surprise Valley Community Hospital Medicare Report” to “Surprise Valley Community Hospital”
- “Kingsburg District Hospital” to “Kingsburg Medical Center”
- “Redding Specialty Hospital” to “Guardian Rehabilitation Hospital”
- “Sharp Murietta Hospital” to “Sharp Healthcare Murietta”
- “Recovery Inn of Menlo Park Medicare Report” to “Recovery Inn of Menlo Park”

Each individual hospital’s composite factor is being updated to reflect fiscal year 2001 HCFA Medicare Payment Impact File data. Hospital specific capital cost-to-charge ratios, operating cost-to-charge ratios and total cost-to-charge ratios are being added to allow the calculation of each hospital’s cost outlier threshold.

Nonsubstantive changes to correct typographical errors are also being made for the following hospitals:

- “Trinity” is being corrected to “Trinity Hospital.”
- “Sierra Vista Reginal Medical Center” is being corrected to “Sierra Vista Regional Medical Center”

(h) Amendments to Text of Appendix B to Section 9792.1

Appendix B is being updated to reflect HCFA’s fiscal year 2001 DRG weights and Geometric Mean Length of Stay data.

Because Medicare dropped its use of length of stay outliers in favor of cost outliers, and this data is therefore no longer available, the column for length of stay outlier threshold is being deleted.

Appendix B is also being amended to incorporate the information previously contained in Appendix C concerning the ratios used to calculate the 48 California revised DRG weights.

The reference to Appendix C in the heading is also being deleted as appendix C is being repealed.

(i) Repeal of Appendix C to Section 9792.1

Appendix C to Section 9792.1 is being repealed as unnecessary and to improve the clarity of the fee determination process. Appendix B is being amended to incorporate the information previously contained in Appendix C. In addition, the Division has also learned that some providers erroneously believed that Appendix C constituted a separate data element used in calculating their fees.

B. NOTICE OF ADDITION TO RULEMAKING FILE OF A DOCUMENT INCORPORATED BY REFERENCE INTO THE PROPOSED REGULATIONS

NOTICE IS HEREBY GIVEN pursuant to the requirements of Government Code Sections 11346.8 and 11346.9(a)(1), and Section 45 of Title 1 of the California Code of Regulations, that the following documents that are incorporated by reference into the proposed regulations have been added to the rulemaking file and are available for public inspection and comment.

- *Federal Register*: August 1, 2000 (Volume 65, Number 148), pages 47113, 47126, 47127 and 47149.
- The FY 2001 Prospective Payment System Payment Impact File, August 2000 Update, (IMPCTF01.EXE) published by the federal Health Care Financing Administration.

These documents are being incorporated by reference rather than included in the California Code of Regulations because they are voluminous documents that contain a large amount of material extraneous to the subject matter of the regulations. It would therefore be cumbersome and otherwise impractical to publish these documents in the California Code of Regulations.

Both documents are readily available to the public on the Internet, at the federal depository section of public libraries in larger cities, at local law libraries and at most federal office buildings.

Copies of these documents are also currently available for public inspection at the Division's offices at 455 Golden Gate Avenue, 9th Floor, San Francisco, California, during normal business

hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays. Please contact the Division's regulations coordinator, Ms. Guia Carreon at (415) 703-4600 to arrange to inspect the rulemaking file.

Any written comments regarding these documents should be addressed to:

Guia Carreon, Regulations Coordinator.
Division of Workers' Compensation
Post Office Box 420603
San Francisco, CA 94142

The Division's contact person must receive all written comments regarding these documents no later than 5:00 p.m. on December 20, 2000. All timely received written comments that pertain to the above listed documents will be reviewed and responded to by the Division's staff as part of the compilation of the rulemaking file.

Dated: December 1, 2000

RICHARD P. GANNON
Administrative Director

PLEASE NOTE:

An important change in the effective date of the proposed regulations:

In order to give the regulated public time to train their staff and implement the proposed regulations, the Division will be asking the Office of Administrative Law for the regulations to have an effective date of *thirty (30) days* after filing with the Secretary of State.

The Office of Administrative Law will fill in the effective date as *thirty (30) days* after the date on which the regulations as adopted are filed with the Secretary of State.

The effective date will be made available on the Division's website (http://www.dir.ca.gov/workers'_comp.html) as soon as the effective date is received from the Office of Administrative Law.

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Deletions from the original regulatory text are indicated by strike-through, thus: ~~deleted language~~.

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Deletions from the amended regulatory text as proposed on July 28, 2000, are indicated by strike-through under-line, thus: ~~deleted language~~.

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**California Code of Regulations
Title 8, Division 1, Chapter 4.5, Subchapter 1, Article 5.5**

§ 9790.1. Definitions

(a) "Capital outlier factor" means (fixed loss cost outlier threshold x geographic adjustment factor x large urban add-on x (capital cost-to-charge ratio to total cost-to-charge ratio)). The fixed loss cost outlier threshold is \$17,550 as specified in the *Federal Register* of August 1, 2000 at Vol. 65, page 47113, which document is hereby incorporated by reference and will be

made available upon request to the Administrative Director. The geographic adjustment factor is specified in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The "large urban add-on" is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions 229-235. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), as it is in effect on September 29, 2000, the "large urban add-on" is an additional 3% of what would otherwise be payable to the health facility.

(a)(b) "Composite factor" means the factor calculated by the administrative director for a health facility by adding the prospective operating costs and the prospective capital costs for the health facility, excluding the DRG weight and any applicable outlier payment, as determined by the federal Health Care Financing Administration for the purpose of determining reimbursement under Medicare.

(1) Prospective capital costs are determined by the following formula:

Capital standard federal payment rate x capital wage index x large urban add-on x
[1 + capital disproportionate share adjustment factor + capital indirect medical
education adjustment factor]

The "capital standard federal payment rate" is ~~\$371.51 as published by HCFA in the *Federal Register* of August 29, 1997, at Vol. 62, page 46052, Table 1D~~ \$382.03 as published by HCFA in the *Federal Register* of August 1, 2000, at Vol. 65, page 47127, Table 1d, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

The "capital wage index" was published in the Payment Impact File at positions ~~209-217~~ 243-252.

The "large urban add-on" is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions ~~195-200~~ 229-235. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), as it is in effect on ~~February 17, 1998~~ September 29, 2000, the "large urban add-on" is an additional 3% of what would otherwise be payable to the health facility.

The "capital disproportionate share adjustment factor" was published in the Payment Impact File at positions ~~69-77~~ 117-126.

The "capital indirect medical education adjustment factor" (capital IME adjustment) was published in Payment Impact File at positions ~~168-176~~ 202-211.

(2) Prospective operating costs are determined by the following formula:

$$[(\text{Labor-related national standardized amount} \times \text{operating wage index}) + \text{nonlabor-related national standardized amount}] \times [1 + \text{operating disproportionate share adjustment factor} + \text{operating indirect medical education adjustment}]$$

The "labor-related national standardized amount" is ~~\$2,776.24~~ \$2,864.19 for large urban areas and ~~\$2,732.26~~ \$2,818.85 for other areas, as published by the federal Health Care Financing Administration [HCFA] in the *Federal Register* of ~~August 29, 1997, at Vol. 62, page 46052, Table 1 A~~ August 1, 2000, at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

The "operating wage index" was published in the Payment Impact File at positions ~~219-227~~ 253-262.

The "nonlabor-related national standardized amount" is ~~\$1,128.44~~ \$1,164.21 for large urban areas and ~~\$1,110.58~~ \$1,145.78 for other areas, as published by HCFA in the *Federal Register* of ~~August 29, 1997, at Vol. 62, page 46052, Table 1 A~~ August 1, 2000, at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

The "operating disproportionate share adjustment factor" was published in the Payment Impact File at positions ~~79-87~~ 127-136.

The "operating indirect medical education adjustment" was published in the Payment Impact File at positions ~~178-186~~ 212-221.

(3) A table of composite factors for each health facility in California is contained in Appendix A to Section 9792.1.

(c) "Costs" means the total billed charges for an admission, excluding non-medical charges such as television and telephone charges, multiplied by the hospital's total cost-to-charge ratio. For DRGs 496 through 500, for purposes of determining whether an admission is a cost outlier, "costs" exclude implantable hardware and/or instrumentation reimbursed under subsection (8) of Section 9792.1.

(d) “Cost-to-charge ratio” means the sum of the hospital specific operating cost-to-charge ratio and the hospital specific capital cost-to-charge ratio. The operating cost-to-charge ratio for each hospital was published in the Payment Impact File at positions 161-168. The capital cost-to-charge ratio for each hospital was published in the Payment Impact File at positions 99-106. A table of hospital specific capital cost-to-charge, operating cost-to-charge and total cost-to-charge ratios for each health facility in California is contained in Appendix A to Section 9792.1.

(e) “Cost outlier case” means a hospitalization for which the hospital’s costs exceed the Inpatient Hospital Fee Schedule payment amount by the hospital’s outlier factor. If costs exceed the cost outlier threshold, the case is a cost outlier case.

(f) “Cost outlier threshold” means the sum of the Inpatient Hospital Fee Schedule payment amount plus the hospital specific outlier factor.

~~(b)~~(g) "DRG weight" means the weighting factor for a diagnosis-related group assigned by the Health Care Financing Administration for the purpose of determining reimbursement under Medicare. A table is contained in Appendix B to Section 9792.1. Appendix B shows DRG weights as assigned by HCFA and, where applicable, “Revised DRG weights” in italics.

~~(e)~~(h) (1) "Revised DRG weight" means the product of the DRG weight multiplied by the ratio set forth in subsection ~~(e)~~(h)(2) for 48 specified DRGs to reflect the different resource usage between the workers' compensation population and the Medicare population.

(2) The ratios that were applied to the DRG weights are contained in ~~Appendix C~~ the column identified as “DWC Revised Ratio” in Appendix B of Section 9792.1.

~~(d)~~(i) "Health facility" means any facility as defined in Section 1250 of the Health and Safety Code.

~~(e)~~(j) "Inpatient" means a person who has been admitted to a health facility for the purpose of receiving inpatient services. A person is considered an inpatient when he or she is formally admitted as an inpatient with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or is transferred to another facility and does not actually remain overnight.

(k) "Inpatient Hospital Fee Schedule payment amount" is that amount determined by multiplying the DRG weight x hospital composite factor x 1.2.

(l) "Labor-related portion" is that portion of operating costs attributable to labor costs, as specified in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

(f)(m) "Medical services" means those goods and services provided pursuant to Article 2 (commencing with Section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code.

(g)(n) "Average length of stay" means the geometric mean length of stay for a diagnosis-related group assigned by the Health Care Financing Administration.

(o) "Operating outlier factor" means ((Fixed loss cost outlier threshold x ((labor-related portion x MSA wage index) + nonlabor-related portion)) x (operating cost-to-charge ratio to total cost-to-charge ratio)). The MSA wage index is specified at *Federal Register* of August 1, 2000 at Vol. 65, page 47149, Table 4a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The nonlabor-related portion is that portion of operating costs as defined in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

(p) "Outlier factor" means the sum of the capital outlier factor and the operating outlier factor. A table of hospital specific outlier factors for each health facility in California is contained in Appendix A to Section 9792.1

(h)(q) "Payment Impact File" means the FY ~~1998~~ 2001 Prospective Payment System Payment Impact File (~~September 1997~~ August 2000 Update) (~~IMPCTF98.EXE~~ IMPCTF01.EXE) published by the federal Health Care Financing Administration, which document is hereby incorporated by reference. The description of the file is found at <http://www.hcfa.gov/stats/impctf01.doc>. The file is accessible through <http://www.hcfa.gov/stats/pufiles.htm#ppfexmtf>. A paper copy of the Payment Impact File, with explanatory material, is available from the Administrative Director upon request. An electronic copy is available from the Administrative Director at <http://www.dir.ca.gov>.

Note: Authority cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code.
Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

§9792.1 - Payment of Inpatient Services of Health Facilities.

(a) Maximum reimbursement for inpatient medical services shall be determined by multiplying 1.20 by the product of the health facility's composite factor and the applicable DRG weight or revised DRG weight if a revised weight has been adopted by the administrative director. The fee determined under this subdivision shall be a global fee, constituting the maximum reimbursement to a health facility for inpatient medical services not exempted under this section. However, preadmission services rendered by a health facility more than 24 hours before admission are separately reimbursable.

(b) Health facilities billing for fees under this section shall present with their bill the name and address of the facility, the facility's Medicare ID number, and the applicable DRG codes.

(c) The following are exempt from the maximum reimbursement formula set forth in subdivision (a):

~~(1) Inpatient services for admissions where the length of stay exceeds the day outlier threshold established by the Health Care Financing Administration for the diagnosis-related group.~~

~~(2)~~(1) Inpatient services for the following diagnoses: Psychiatry (DRGs 424-432), Substance Abuse (DRGs 433-437), Organ Transplants (DRGs 103, 302, 480, 481, 495), Rehabilitation (DRG 462 and inpatient rehabilitation services provided in any rehabilitation center that is authorized by the Department of Health Services in accordance with Title 22, §§ 70301 - 70603 of the California Code of Regulations to provide rehabilitation services), Tracheostomies (DRGs 482, 483), and Burns (DRGs 456-460, 472, 475 and 504-511).

~~(3)~~(2) Inpatient services provided by a Level I or Level II trauma center, as defined in Title 22, California Code of Regulations sections 100260, 100261, to a patient with an immediately life threatening or urgent injury.

~~(4)~~(3) Inpatient services provided by a health facility for which there is no composite factor.

~~(5)~~(4) Inpatient services provided by a health facility located outside the State of California.

~~(6)~~(5) The cost of durable medical equipment provided for use at home.

~~(7)~~(6) Inpatient services provided by a health facility transferring an inpatient to another hospital. Maximum reimbursement for inpatient medical services of a health facility transferring an inpatient to another hospital shall be a per diem rate for each day of the patient's stay in that hospital, not to exceed the amount that would have been paid under Title 8, California Code of Regulations §9792.1(a). However, the first day of the stay in the transferring hospital shall be reimbursed at twice the per diem amount. The per diem rate is determined by dividing the maximum reimbursement as determined under Title 8, California Code of Regulations §9792.1(a) by the average length of stay for that specific DRG. However, if an admission to a health facility transferring a patient is exempt from the maximum reimbursement formula set forth in subdivision (a) because it satisfies one or more of the requirements of Title 8, California Code of Regulations §9792.1(c)(1) through (c)~~(5)~~(4), subdivision (c)~~(7)~~(6) shall not apply. Inpatient services provided by the hospital receiving the patient shall be reimbursed under the provisions of Title 8, California Code of Regulations §9792.1(a).

~~(8)~~(7) Cost Outlier cases. Inpatient services for cost outlier cases where the admission occurs on or after * , shall be reimbursed as follows:

Step 1: Determine the Inpatient Hospital Fee Schedule payment amount (DRG relative weight x 1.2 x hospital specific composite factor).

Step 2: Determine costs. Costs = (total billed charges x total cost-to-charge ratio).

Step 3: Determine outlier threshold. Outlier threshold = (Inpatient Hospital Fee Schedule payment amount + hospital specific outlier factor).

If costs exceed the outlier threshold, the case is a cost outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + (0.8 x (costs - cost outlier threshold)).

NOTE: For purposes of determining whether a case qualifies as a cost outlier case under this subsection, implantable hardware and/or instrumentation reimbursed under subsection (8) below is excluded from the calculation of costs. Once an admission for DRGs 496 through 500 qualifies as a cost outlier case, any implantable hardware and/or instrumentation shall be separately reimbursed under subsection (8) below.

~~Inpatient services for admissions on or after * , 2000, where the total billed charges, excluding non-medical charges such as television and telephone charges, exceed five (5) times the fee computed under subsection (a) above.~~

~~(9)(8) Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after * , 2000. Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after * , shall be separately reimbursed at the provider's documented paid cost, plus an additional 10% of the provider's documented paid cost not to exceed a maximum of \$250.00, plus any sales tax and/or shipping and handling charges actually paid.~~

~~Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after * , 2000, shall be separately reimbursed at documented cost, plus any sales tax and/or shipping and handling charges actually paid, plus 10% of documented cost.~~

(d) Any health care facility that believes its composite factor was erroneously determined because of an error in tabulating data may request the Administrative Director for a re-determination of its composite factor. Such requests shall be in writing, shall state the alleged error, and shall be supported by written documentation. Within 30 days after receiving a complete written request, the Administrative Director shall make a redetermination of the composite factor or reaffirm the published composite factor.

(e) This section, except as provided in subsections (c)(7) and (c)(8) and (9), shall apply to covered inpatient hospital stays for which the day of admittance is on or after April 1, 1999.

(f) Subsections (c)(8) and (9) shall remain in effect only through December 31, 2001, and for admissions occurring on or after January 1, 2002, those subsections are repealed.

Authority cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

*** The effective date of the proposed amendments:**

The effective date of the proposed regulations will be thirty (30) days after the regulations are filed with the Secretary of State. The proposed regulations therefore have blank spaces where the effective date will be. The Office of Administrative Law will fill in the effective date as 30 days after the date on which the regulations as adopted are filed with the Secretary of State.

APPENDIX A: COMPOSITE FACTORS

Provider Number	Provider name	Composite Factor
		1998
		comp. Factor
50002	ST. ROSE HOSPITAL	7732
50006	ST. JOSEPH HOSPITAL, EUREKA	4207
50007	PENINSULA HOSPITAL	5529
50008	DAVIES MEDICAL CENTER	6245
50009	QUEEN OF THE VALLEY HOSPITAL	5473
50013	ST HELENA	5669
50014	SUTTER AMADOR HOSPITAL	4207
50015	NORTHERN INYO HOSPITAL	4207
50016	ARROYO GRANDE HOSPITAL	4624
50017	MERCY GENERAL HOSPITAL	5625
50018	PACIFIC ALLIANCE MEDICAL CENTER	8810
50021	WOODRUFF COMMUNITY HOSPITAL	4974
50022	RIVERSIDE COMMUNITY HOSPITAL	4773
50024	PARADISE VALLEY HOSPITAL	7790
50025	UCSD MEDICAL CENTER	8369
50026	SHARP GROSSMONT HOSPITAL	5688
50028	MAD RIVER COMMUNITY HOSPITAL 'CARE	4207
50029	ST. LUKE MEDICAL CENTER	6129
50030	OROVILLE HOSPITAL	5283
50032	WARRACK MEDICAL CENTER HOSPITAL, INC	4890
50033	MOUNT ZION MEDICAL CENTER	8046
50036	BAKERSFIELD MEMORIAL HOSPITAL	4226
50038	SANTA CLARA VALLEY MEDICAL CENTER	10159
50039	N.T. ENLOE MEMORIAL HOSPITAL	4622
50040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	7971
50042	ST. ELIZABETH COMMUNITY HOSPITAL	4207
50043	SUMMIT MEDICAL CENTER	7278
50045	EL CENTRO REGIONAL MED. CTR.	5806
50046	OJAI VALLEY COMMUNITY	4377
50047	CPMC – PACIFIC	6904
50051	ALTA DISTRICT HOSPITAL	4397
50054	SAN GORGONIO MEMORIAL HOSPITAL	4844
50055	ST. LUKE'S HOSPITAL	8241
50056	ANTELOPE VALLEY HOSP. MEDICAL CENTER	6216
50057	KAWEAH DELTA HOSPITAL	5132
50058	GLENDALE MEMORIAL HOSPITAL	6554
50060	FRESNO COMMUNITY HOSPITAL & MED CTR	5817
50061	ST. FRANCIS MEDICAL CENTER	4420
50063	QUEEN OF ANGELS HLLYWD PRES MC	8016
50065	WMC SANTA ANA	6705
50066	BAY HARBOR HOSPITAL	5650

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50067	OAK VALLEY DISTRICT HOSPITAL	4327
50068	LINDSAY DISTRICT HOSPITAL	4397
50069	ST JOSEPH HOSPITAL	4759
50070	KFH—SOUTH SAN FRANCISCO	5526
50071	KFH—SANTA CLARA	6140
50072	KFH—WALNUT CREEK	5910
50073	KFH—VALLEJO	5793
50074	KFH—RICHMOND	5845
50075	KFH—OAKLAND	6538
50076	KFH—SAN FRANCISCO	6266
50077	MERCY HOSPITAL & MEDICAL CENTER	6602
50078	SAN PEDRO PENINSULA HOSPITAL	5403
50079	BROOKSIDE HOSPITAL	7739
50080	THOMPSON MEMORIAL MEDICAL CTR	6048
50081	SIERRA COMMUNITY HOSPITAL	4395
50082	ST. JOHN'S REGIONAL MEDICAL CENTER	4867
50084	ST JOSEPH'S MEDICAL CENTER	5154
50088	SAN LUIS OBISPO GENERAL HOSPITAL	4833
50089	COMMUNITY HOSPITAL OF SAN BERNARDINO	7294
50090	SONOMA VALLEY HEALTH CARE	4890
50091	COMMUNITY HOSPITALS OF HUNTINGTON PK	9195
50092	GLENN MEDICAL CENTER	4207
50093	ST. AGNES MEDICAL CENTER	4660
50096	DOCTOR'S HOSPITAL WEST COVINA INC.	5278
50097	GENERAL HOSPITAL	4207
50099	SAN ANTONIO COMMUNITY HOSPITAL	5429
50100	SHARP MEMORIAL HOSPITAL	5891
50101	SUTTER SOLANO MEDICAL CENTER	6668
50102	PARKVIEW COMMUNITY HOSPITAL	5532
50103	WHITE MEMORIAL MEDICAL CENTER	8881
50104	ST. FRANCIS MEDICAL CENTER	7878
50107	MARIAN MEDICAL CENTER	5410
50108	SUTTER GENERAL HOSPITAL	5546
50109	SUTTER MEMORIAL HOSPITAL	6289
50110	LOMPOC HOSPITAL DISTRICT	4420
50111	TEMPLE COMMUNITY HOSPITAL	7371
50112	SANTA MONICA HOSPITAL MED CR	5656
50113	SAN MATEO COUNTY GENERAL	7708
50114	SHERMAN OAKS HOSP & HEALTH CTR	5305
50115	PALOMAR MEDICAL CENTER	5615
50116	NHMC—RBC	5634
50117	MERCY HOSP & HLTH SERV	5019
50118	DOCTORS HOSPITAL OF MANTECA	4667

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50121	HANFORD COMMUNITY MEDICAL CENTER	4207
50122	DAMERON HOSPITAL	5761
50124	VERDUGO HILLS HOSPITAL	4974
50125	ALEXIAN BROTHERS HOSPITAL	8012
50126	VALLEY PRESBYTERIAN HOSPITAL	6209
50127	WOODLAND MEMORIAL HOSPITAL	5217
50128	TRI-CITY HOSPITAL DISTRICT	5348
50129	ST. BERNARDINE MEDICAL CENTER	5755
50131	NOVATO COMMUNITY HOSPITAL	5524
50132	SAN GABRIEL VALLEY MED CENTER	5513
50133	RIDEOUT MEMORIAL HOSPITAL	5081
50135	HOLLYWOOD COMM.HOSP OF HOLLYWOOD	5861
50136	PETALUMA VALLEY HOSPITAL	4890
50137	KAISER FOUNDATION HOSPITALS PANORAMA	5005
50138	KAISER FOUNDATION HOSPITALS SUNSET	5571
50139	KAISER FOUND. HOSPITALS BELLFLOWER	5007
50140	KAISER FOUND. HOSPITALS FONTANA	4818
50144	BROTMAN MEDICAL CENTER	5934
50145	COMMUNITY HOSP. MONTEREY PENINSULA	5729
50147	DOCTORS HOSPITAL OF LAKEWOOD	5199
50148	PLUMAS DISTRICT HOSPITAL MCARE RPT	4207
50149	CALIFORNIA MEDICAL CENTER	7879
50150	SIERRA NEVADA MEMORIAL HOSPITAL	4870
50152	SAINT FRANCIS MEMORIAL HOSPITAL	6865
50153	O'CONNOR HOSPITAL	6044
50155	MONROVIA COMMUNITY HOSP.	5105
50158	ENCINO TARZANA REG MED CENTER	4974
50159	*VENTURA COUNTY MED CTR	7810
50167	SAN JOAQUIN GENERAL HOSPITAL	8031
50168	ST. JUDE MEDICAL CENTER	4908
50169	PRESBYTERIAN INTERCOMMUNITY	5487
50170	LONG BEACH COMMUNITY MED CTR	5568
50172	REDWOOD MEMORIAL HOSPITAL	4207
50173	ANAHEIM GENERAL HOSPITAL	5950
50174	SANTA ROSA MEMORIAL HOSPITAL	5276
50175	WHITTIER HOSPITAL MEDICAL CENTER	6097
50177	SANTA PAULA MEMORIAL HOSPITAL	4377
50179	EMANUEL MEDICAL CENTER	5072
50180	JOHN MUIR MEDICAL CENTER	5855
50183	STANISLAUS MEDICAL CENTER	7020
50186	SCRIPPS HOSPITAL EAST COUNTY	5818
50188	COMM HOSP.& REHAB LOS GATOS	5611
50189	GEORGE L. MEE MEMORIAL HOSPITAL	5807

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50191	ST. MARY MEDICAL CENTER	7134
50192	SIERRA KINGS HEALTH CARE DISTRICT	4395
50193	SOUTH COAST MEDICAL CENTER	4759
50194	WATSONVILLE COMMUNITY HOSPITAL	6758
50195	WASHINGTON TOWNSHIP DISTRICT	6688
50196	CENTRAL VALLEY GENERAL HOSPITAL	4359
50197	SEQUOIA HOSPITAL	5533
50204	LANCASTER COMMUNITY HOSPITAL	5118
50205	HUNTINGTON EAST VALLEY HOSP	6929
50207	FREMONT MEDICAL CENTER	5212
50208	CPMC CALIFORNIA	6935
50211	ALAMEDA HOSPITAL	6109
50213	VALLEY MEDICAL CENTER FRESNO	8301
50214	GRANADA HILLS COMMUNITY HOSPITAL	6170
50215	SAN JOSE MEDICAL CENTER	7112
50217	SISKIYOU GENERAL HOSPITAL	4207
50219	COAST PLAZA DOCTORS	6597
50222	SHARP CHULA VISTA	6357
50224	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	4759
50225	FEATHER RIVER HOSPITAL	4540
50226	ANAHEIM MEMORIAL HOSPITAL	5119
50228	SAN FRANCISCO GEN. HOSP.	11144
50230	GARDEN GROVE HOSPITAL	6537
50231	POMONA VALLEY HOSPITAL MED CTR	6564
50232	FRENCH HOSPITAL MEDICAL C	4635
50233	SHARP CABRILLO HOSPITAL	5244
50234	SHARP CORONADO HOSPITAL	4961
50235	SAINT JOSEPH MEDICAL CENTER	5399
50236	SIMI VALLEY HOSPITAL	5078
50238	METHODIST HOSPITAL	4980
50239	GLENDALE ADVENTIST MEDICAL CENTER	7534
50240	CENTINELA HOSPITAL MEDICAL CENTER	6182
50241	MEDICAL CENTER NORTH HOLLYWOOD	6447
50242	DOMINICAN SANTA CRUZ HOSPITAL	6064
50243	DESERT HOSPITAL	5193
50245	SAN BERNARDINO COUNTY MEDICAL CENTER	7237
50248	NATIVIDAD MEDICAL CENTER	8666
50251	LASSEN COMMUNITY HOSPITAL	4587
50253	ORANGE CO. COMM HOSP. OF BUENA PK/ORGE	4752
50254	MARSHALL HOSPITAL	4954
50256	ORTHOPAEDIC HOSPITAL	7096
50257	GOOD SAMARITAN HOSPITAL	4409
50260	MOUNTAINS COMMUNITY HOSPITAL	4635

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50261	SIERRA VIEW DISTRICT HOSPITAL	4397
50262	UCLA MEDICAL CENTER	7754
50264	SAN LEANDRO HOSPITAL	5856
50267	DANIEL FREEMAN MEMORIAL HOSP	6568
50270	SCRIPPS MEM HOSP—CHULA VISTA	6705
50272	REDLANDS COMMUNITY HOSPITAL	4921
50274	DEL PUERTO HOSPITAL MEDICARE REPORT	4327
50276	MERRITHEW MEMORIAL HOSP.	9568
50277	PACIFIC HOSPITAL OF LONG BEACH	7090
50278	HOLY CROSS MEDICAL CENTER	5500
50279	HI-DESERT MEDICAL CENTER	4635
50280	MERCY MEDICAL CENTER	5545
50281	ALHAMBRA HOSPITAL	6988
50282	MARTIN LUTHER MEDICAL CENTER	5868
50283	VALLEY MEMORIAL HOSPITAL	5845
50286	EXETER MEMORIAL HOSPITAL	4207
50289	SETON MEDICAL CENTER	6515
50290	SAINT JOHN'S HOSPITAL	4979
50291	COMMUNITY HOSPITAL OF SONOMA	7878
50292	RIVERSIDE GENERAL HOSPITAL—UMC	7492
50293	PACIFIC COAST HOSPITAL	9152
50295	MERCY HEALTHCARE BAKERSFIELD	4379
50296	HAZEL HAWKINS MEMORIAL HOSPITAL	5492
50298	BARSTOW COMMUNITY HOSPITAL	4635
50299	NHMC—SHERMAN WAY CAMPUS	6394
50300	ST MARY REGIONAL MEDICAL CENTR	5130
50301	UKIAH VALLEY HOSPITAL	5029
50302	MILLS MEMORIAL HOSPITAL	5528
50305	ALTA BATES MEDICAL CENTER	7184
50307	CHICO COMMUNITY HOSPITAL	4342
50308	EL CAMINO HOSPITAL	5606
50309	SUTTER ROSEVILLE HOSPITAL	5245
50310	HAWTHORNE HOSPITAL	5296
50312	REDDING MEDICAL CENTER	4962
50313	TRACY COMMUNITY MEMORIAL HOSP	4667
50315	KERN MEDICAL CENTER	7817
50317	PIONEER HOSPITAL	4974
50320	ALAMEDA COUNTY MEDICAL CENTER	10705
50324	SCRIPPS MEMORIAL HOSPITAL—LA JOLLA	4970
50325	TUOLUMNE GENERAL HOSPITAL	4207
50327	LOMA LINDA UNIVERSITY MED-CTR	7254
50328	WESTSIDE HOSPITAL	4974
50329	CORONA REGIONAL MEDICAL CENTER	5266

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50331	HEALDSBURG GENERAL HOSPITAL	4890
50333	SENECA DISTRICT HOSPITAL	4207
50334	SALINAS VALLEY MEMORIAL HOSPITAL	5946
50335	SONORA COMMUNITY HOSPITAL	4207
50336	LODI MEMORIAL HOSPITAL	4868
50337	DESERT PALMS COMMUNITY HOSPITAL	4974
50342	PIONEERS MEMORIAL HOSPITAL	4359
50343	LONG BEACH DOCTOR'S HOSPITAL	5199
50348	UCI MEDICAL CENTER	8667
50349	CORCORAN DISTRICT HOSPITAL	4359
50350	BEVERLY COMMUNITY HOSPITAL ASSN	6618
50351	TORRANCE MEMORIAL HOSPITAL	4981
50352	BARTON MEMORIAL HOSPITAL	4954
50353	LITTLE COMPANY OF MARY HOSPITAL	4982
50355	SIERRA VALLEY DISTRICT HOSPITAL	4207
50357	GOLETA VALLEY COMMUNITY HOSP	4427
50359	TULARE DISTRICT HOSPITAL	5225
50360	MARIN GENERAL HOSPITAL	6002
50366	MARK TWAIN ST. JOSEPH'S HOSPITAL	4207
50367	NORTHBAY MEDICAL CENTER	6712
50369	QUEEN OF THE VALLEY HOSPITAL	6521
50373	LAC+USC MEDICAL CENTER	9712
50376	HARBOR UCLA MEDICAL CENTER	9861
50377	CHOWCHILLA DISTRICT MEMORIAL HOSP.	4395
50378	PACIFICA HOSPITAL OF THE VALLEY	7833
50379	WEST SIDE DISTRICT HOSPITAL	4219
50380	GOOD SAMARITAN HOSPITAL	5600
50382	INTER COMMUNITY MEDICAL CENTER	5827
50385	PALM DRIVE HOSPITAL	4890
50388	SOUTHERN INYO COUNTY LHD	4207
50390	HEMET VALLEY MEDICAL CENTER	5120
50391	SANTA TERESITA HOSPITAL	5199
50392	TRINITY	4587
50393	DOWNEY COMMUNITY HOSPITAL	6045
50394	COMM MEM HOSP OF SAN BUENAVENTURA	4381
50396	SANTA BARBARA COTTAGE HOSPITAL	5026
50397	COALINGA REGIONAL MEDICAL CENTER	4395
50401	WASHINGTON MEDICAL CENTER	4974
50404	BIGGS GRIDLEY MEMORIAL HOSP MCR RPT	4342
50406	MAYERS MEMORIAL HOSPITAL MCARE RPT	4748
50407	CHINESE HOSPITAL	5774
50410	SANGER GENERAL HOSPITAL	4594
50411	KAISER FOUNDATION HOSPITALS - HARBOR	5007

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50414	MERCY HOSPITAL OF FOLSOM	4954
50417	SUTTER COAST HOSPITAL	4207
50418	VISALIA COMMUNITY HOSPITAL	4207
50419	MERCY MEDICAL CENTER	4207
50420	ROBERT F. KENNEDY MEDICAL CENTER	7133
50421	MERCY AMERICAN RIVER HOSPITAL	4964
50423	PALO VERDE HOSPITAL	4844
50424	GREEN HOSPITAL OF SCRIPPS CLINIC	5464
50425	KFH—SACRAMENTO	5294
50426	WEST ANAHEIM MEDICAL CENTER	4764
50430	MODOC MEDICAL CENTER	4587
50431	BUENA PARK MEDICAL CENTER	4966
50432	GARFIELD MEDICAL CTR.	8305
50433	INDIAN VALLEY HOSPITAL MCARE RPT.	4587
50434	COLUSA COMMUNITY HOSPITAL	4587
50435	FALLBROOK HOSPITAL DISTRICT	4961
50436	BLOSS MEMORIAL HOSPITAL	4497
50438	HUNTINGTON MEMORIAL HOSPITAL	6022
50440	FRANK HOWARD HOSPITAL	4207
50441	STANFORD HEALTH SERVICES	8603
50443	JOHN C. FREMONT HOSPITAL	4207
50444	MERCED COMMUNITY MED. CTR	6200
50446	TEHACHAPI VALLEY HOSPITAL DISTRICT	4292
50447	VILLA VIEW COMMUNITY HOSPITAL	6570
50448	RIDGECREST COMMUNITY HOSPITAL	4219
50449	VALLEY COMMUNITY HOSPITAL	4420
50454	UCSF MEDICAL CENTER	9770
50455	SAN JOAQUIN COMMUNITY HOSPITAL	5012
50456	COMMUNITY HOSPITAL OF GARDENA	4974
50457	ST. MARY'S MEDICAL CENTER	6384
50459	SOUTH BAY HOSPITAL	5892
50464	DOCTORS MEDICAL CENTER OF MODESTO	5713
50468	MEMORIAL HOSPITAL OF GARDENA	5199
50469	NEEDLES DESERT COMMUNITY	4635
50470	SELMA DISTRICT HOSPITAL	4594
50471	GOOD SAMARITAN HOSPITAL	5940
50476	SUTTER LAKESIDE HOSPITAL	4207
50477	MIDWAY HOSPITAL MEDICAL CENTER	5311
50478	SANTA YNEZ VALLEY COTTAGE HOSPITAL	4420
50481	WEST HILLS REG MEDICAL CENTER	4980
50482	SOUTHERN HUMBOLDT COMM HOSP	4587
50483	COVINA VALLEY COMMUNITY	5199
50485	LONG BEACH MEMORIAL MEDICAL CENTER	6307

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50486	BELLWOOD GENERAL HOSPITAL	5272
50488	EDEN HOSPITAL	5857
50491	SANTA ANA HOSPITAL MEDICAL CENTER	8312
50492	CLOVIS COMMUNITY HOSPITAL	4674
50494	TAHOE FOREST HOSPITAL	4207
50496	MT. DIABLO MEDICAL CENTER	6035
50497	DOS PALOS MEMORIAL HOSPITAL	4700
50498	SUTTER AUBURN FAITH HOSPITAL	4954
50502	ST. VINCENT MEDICAL CENTER	6432
50503	SCRIPPS MEMORIAL HOSPITAL ENCINITAS	4972
50506	SIERRA VISTA REGINAL MED CTR	4636
50510	KFH—SAN RAFAEL	5845
50512	KFH—HAYWARD	5882
50515	KAISER FOUND. HOSPITALS—SAN DIEGO	5027
50516	MERCY SAN JUAN HOSPITAL	5498
50517	VICTOR VALLEY COMMUNITY HOSPITAL	6004
50522	DOCTORS HOSPITAL OF PINOLE	6028
50523	DELTA MEMORIAL HOSPITAL	6786
50526	HUNTINGTON BEACH MEDICAL CENTER	4752
50528	LOS BANOS COMMUNITY HOSPITAL	4700
50531	BELLFLOWER MEDICAL CENTER	7981
50534	JOHN.F. KENNEDY MEMORIAL HOSP.	6740
50535	COASTAL COMMUNITIES HOSPITAL	4966
50537	SUTTER DAVIS HOSPITAL	4641
50539	REDBUD COMMUNITY HOSPITAL	4587
50541	KFH—REDWOOD CITY	5525
50542	KERN VALLEY HOSPITAL DISTRICT	4219
50543	COLLEGE HOSPITAL OF COSTA MESA	7358
50545	LANTERMAN D.C.	5199
50546	PORTERVILLE D.C.	4397
50547	SONOMA D.C.	5110
50549	LOS ROBLES REGIONAL MEDICAL CENTER	4895
50550	CHAPMAN MEDICAL CENTER	5356
50551	LOS ALAMITOS MEDICAL CTR.	4944
50552	MOTION PICTURE AND TELEVISION FUND	4974
50557	MEMORIAL MEDICAL CENTER	4823
50559	DANIEL FREEMAN MARINA HOSPITAL	4988
50560	TUSTIN HOSP MED CENTER	4752
50561	KAISER FOUND. HOSPITAL—WEST LA	5025
50564	PACIFICA HOSPITAL	4752
50565	FRIENDLY HILLS MEDICAL CENTER	5033
50566	EASTERN PLUMAS DISTRICT HOSP.	4207
50567	MISSION HOSP REG MEDICAL CTR	4762

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50568	MADERA COMMUNITY HOSPITAL	5886
50569	MENDOCINO COAST DISTRICT HOSPITAL	4207
50570	FOUNTAIN VALLEY REGIONAL MED CENTER	6143
50571	SUBURBAN MEDICAL CENTER	7409
50573	EISENHOWER MEMORIAL HOSPITAL	4647
50577	SANTA MARTA HOSPITAL	7478
50578	MARTIN LUTHER KING, JR./DREW MEDICAL	10386
50579	CENTURY CITY HOSP	4984
50580	LA PALMA INTERCOMMUNITY HOSP	5404
50581	LAKEWOOD REGIONAL MED. CTR.	5907
50583	ALVARADO COMMUNITY HOSPITAL	5566
50584	U.S. FAMILY CARE MEDICAL CTR	6244
50585	SAMARITAN MEDICAL CTR-SAN CLEMENTE	4991
50586	CHINO VALLEY MEDICAL CENTER	5518
50588	SAN DIMAS COMMUNITY HOSPITAL	4974
50589	PLACENTIA LINDA COMMUNITY HOSPITAL	4985
50590	METHODIST HOSPITAL OF SACRAMENTO	5916
50591	MONTEREY PARK HOSPITAL	7283
50592	BREA COMMUNITY HOSPITAL	4760
50593	WESTLAKE MEDICAL CENTER	4974
50594	WESTERN MEDICAL CENTER ANAHEIM	5837
50597	FOOTHILL PRESBYTERIAN HOSPITAL	5158
50598	MISSION BAY MEMORIAL HOSPITAL	4974
50599	UC DAVIS MEDICAL CENTER	9418
50601	TARZANA ENCINO REGIONAL MED CT	5538
50603	SADDLEBACK MEMORIAL MEDICAL CENTER	4759
50604	KFH-SANTA TERESA	5600
50607	HARBOR VIEW MEDICAL CENTER	5989
50608	DELANO REGIONAL MEDICAL CENTER	4531
50609	KAISER FOUNDATION HOSPITALS-ANAHEIM	5056
50613	SETON MEDICAL CENTER COASTSIDE	5524
50615	GREATER EL MONTE COMMUNITY HOSPITAL	8064
50616	ST. JOHN'S PLEASANT VALLEY HOSPITAL	4377
50618	BEAR VALLEY COMMUNITY HOSPITAL	4635
50623	HIGH DESERT HOSPITAL	5199
50624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	4986
50625	CEDARS-SINAI MEDICAL CENTER	6572
50630	INLAND VALLEY REGIONAL MEDICAL CTR	4635
50633	TWIN CITIES COMMUNITY HOSPITAL	4624
50635	KFH-MARTINEZ	6058
50636	POMERADO HOSPITAL	5108
50638	SOUTHERN MONO HEALTH CARE DISTRICT	4207

Provider Number	Provider name	Composite Factor
		1998 comp. Factor
50641	EAST LOS ANGELES DOCTORS HOSPITAL	5199
50644	LOS ANGELES METROPOLITAN MEDICAL CTR	8977
50661	EAST BAY HOSPITAL	6110
50662	AGNEWS D.C.	5850
50663	LOS ANGELES COMMUNITY HOSPITAL	7711
50666	CAMARILLO D.C.	4377
50667	VETERAN'S HOME OF CALIF.	5264
50668	LAGUNA HONDA HOSPITAL	5524
50670	NORTH COAST REHABILITATION CENTER	4890
50674	KFH—SOUTH SACRAMENTO	5195
50675	NEWHALL COMMUNITY HOSPITAL	4974
50676	SURPRISE VALLEY COMM HOSP MCARE RPT	4207
50677	KAISER FOUND. HOSP.—WOODLAND HILLS	5016
50680	VACAVALLEY HOSPITAL	5264
50682	KINGSBURG DISTRICT HOSPITAL	4395
50684	MENIFEE VALLEY MEDICAL CENTER	4635
50685	SOUTH VALLEY HOSPITAL	5597
50686	KAISER FOUND. HOSPITALS—RIVERSIDE	4878
50688	SAINT LOUISE HOSPITAL	5597
50689	SAN RAMON REG. MEDICAL CENTER	5853
50690	KFH—SANTA ROSA	4890
50693	IRVINE MEDICAL CENTER	4758
50694	MORENO VALLEY COMMUNITY HOSP	4844
50695	ST. DOMINIC'S HOSPITAL	4667
50696	USC UNIVERSITY HOSPITAL	5782
50697	PATIENTS' HOSPITAL OF REDDING	4748
50698	SAN DIEGO HOSPICE ACUTE CARE	4961
50699	GUARDIAN REHABILITATION HOSPITAL	4962
50700	VALLEYCARE MEDICAL CENTER	5845
50701	SHARP MURIETTA HOSPITAL	4961
50702	LAKE SIDE HOSPITAL	4844
50704	MISSION COMMUNITY HOSPITAL	7997
50707	RECOVERY INN OF MENLO PARK MCARE RPT	5524
50708	FRESNO SURGERY CENTER	4395
50709	DESERT VALLEY HOSPITAL	4635
50710	KFH—FRESNO	4395
50711	THC ORANGE COUNTY	4752
50712	SPECIALTY HOSP OF SO CAL	4974
50713	LINCOLN HOSPITAL MEDICAL CENTER	5199
50714	SUTTER MATERNITY & SURG. CENTER	5459
50715	[Hospital name unavailable]	4635

**APPENDIX C: RATIOS APPLIED TO REVISE
CERTAIN DRG WEIGHTS IN CALIFORNIA**

Number	DRG	Ratio
004	Spinal Procs	0.6283
008	Peripheral/Cranial Nerve & Orth OR Nervous Sys. Procs	0.8082
025	Seizures and Headaches: AD-WO-CC	0.7485
029	Traumatic Stupor and Coma: AD-WO-CC	1.0025
032	Concussion: AD-WO-CC	0.8749
042	Intraocular Proc-Exc. Retina, Iris and Lens	1.0661
063	Other Ear, Nose, Mouth and Throat OR Procs	0.8753
112	Percutaneous Cardiovascular Procs	0.8409
140	Angina Pectoris	0.7834
143	Chest Pain	0.8417
160	Hernia Proc: AD-Exc. Inguinal or Femoral, WO-CC	0.9016
162	Hernia Proc: AD-Inguinal or Femoral, WO-CC	0.8672
209	Major Joints and Limb Reattachment, Lower Extremity	0.9500
210	Hip and Femur, Exc-Major joint Proc: AD-W-CC	1.1800
211	Hip and Femur, Exc-Major joint Proc: AD-WO-CC	0.9726
214	Back and Neck Proc-W-CC	0.9674
215	Back and Neck Procs-WO-CC	0.9556
217	Wound Debridement and Skin Graft-Exc. Hand	0.5717
218	Lower Extr/Humerous Exc. Hip, Foot and Femur: AD-W-CC	1.0298
219	Lower Extr/Humer. Exc. Hip, Foot and Femur: AD-WO-CC	0.9681
221	Knee Proc-W-CC	0.8177
222	Knee Proc-WO-CC	1.0382
223	Maj. Shoulder/Elbow Proc/Other Upper Extrem. Proc-W-CC	0.8850
224	Shoulder/Elbow/Forearm Proc-exc. Major Joint Proc-WO-CC	1.0122
225	Foot Proc	1.0008
227	Soft Tissue Proc-WO-CC	0.9443
228	Major Thumb/Joint Proc, or Other Hand or Wrist Proc-W-CC	0.9063
229	Hand and Wrist Proc, Exc. Major joint Proc-WO-CC	1.0367
231	Local Excision/Removal Int. Fix. Devices Exc. Hip & Femur	0.7341
232	Arthroscopy	0.8166
234	Oth. Musculoskel. Sys/Connective Tissue OR Procs-WO-CC	0.8133
236	Fracture of Hip and Pelvis	0.9790
243	Medical Back	0.7609
251	Frac, Sprain, Strain, Disloc Forearm, Hand/Foot: AD-WO-CC	0.9012
254	Frac, Sprain, Strain, Disloc Up Arm/Low Leg-ex Foot: AD-W-CC	1.0031
266	Skin Graft/Debridement-Exc. Skin Ulcer or Cellulitis-WO-CC	1.1306
277	Cellulitis: AD-W-CC	0.7910
278	Cellulitis: AD-WO-CC	0.8654
281	Trauma to Skin, Subcutaneous Tiss and Breast: AD-WO-CC	0.9709

415	Infectious and Parasitic Disease OR Proc	0.4907
418	Postoperative and Post traumatic Infection	0.6801
440	Wound Debridement for Injury	0.7738
441	Hand Proc for Injury	0.9914
443	Other Proc for Injury WO CC	1.0024
445	Traumatic Injury: AD WO CC	0.8112
450	Injury/Poison/Drug: AD WO CC	0.6657
455	Other Injury/Poisoning and Toxic Effect Diagnosis WO CC	0.7483
461	OR Proc with Diagnosis of Other Contact with Health Services	0.9207

~~Note: Authority cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code. Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.~~

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50002</u>	<u>ST. ROSE HOSPITAL</u>	<u>7626.1</u>	<u>0.018</u>	<u>0.372</u>	<u>0.39</u>	<u>23771</u>
<u>50006</u>	<u>ST. JOSEPH HOSPITAL, EUREKA</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.359</u>	<u>0.395</u>	<u>17377</u>
<u>50007</u>	<u>MILLS PENINSULA MEDICAL CENTER</u>	<u>5732.9</u>	<u>0.035</u>	<u>0.364</u>	<u>0.399</u>	<u>22799</u>
<u>50008</u>	<u>DAVIES MEDICAL CENTER</u>	<u>6366.3</u>	<u>0.039</u>	<u>0.317</u>	<u>0.356</u>	<u>22803</u>
<u>50009</u>	<u>QUEEN OF THE VALLEY HOSPITAL</u>	<u>5214.8</u>	<u>0.041</u>	<u>0.357</u>	<u>0.398</u>	<u>20358</u>
<u>50013</u>	<u>ST. HELENA HOSPITAL</u>	<u>5286.9</u>	<u>0.024</u>	<u>0.43</u>	<u>0.454</u>	<u>20367</u>
<u>50014</u>	<u>SUTTER AMADOR HOSPITAL</u>	<u>4303.8</u>	<u>0.02</u>	<u>0.353</u>	<u>0.373</u>	<u>17377</u>
<u>50015</u>	<u>NORTHERN INYO HOSPITAL</u>	<u>4303.8</u>	<u>0.028</u>	<u>0.701</u>	<u>0.729</u>	<u>17377</u>
<u>50016</u>	<u>ARROYO GRANDE COMMUNITY HOSP.</u>	<u>4553.8</u>	<u>0.108</u>	<u>0.394</u>	<u>0.502</u>	<u>18381</u>
<u>50017</u>	<u>MERCY GENERAL HOSPITAL</u>	<u>5765.8</u>	<u>0.022</u>	<u>0.241</u>	<u>0.263</u>	<u>20029</u>
<u>50018</u>	<u>PACIFIC ALLIANCE MEDICAL CNTR.</u>	<u>8999.4</u>	<u>0.043</u>	<u>0.393</u>	<u>0.436</u>	<u>20129</u>
<u>50022</u>	<u>RIVERSIDE COMMUNITY</u>	<u>5171.4</u>	<u>0.044</u>	<u>0.337</u>	<u>0.381</u>	<u>18998</u>
<u>50024</u>	<u>PARADISE VALLEY HOSPITAL</u>	<u>7440.0</u>	<u>0.024</u>	<u>0.36</u>	<u>0.384</u>	<u>19804</u>
<u>50025</u>	<u>UCSD MEDICAL CENTER</u>	<u>8430.0</u>	<u>0.057</u>	<u>0.321</u>	<u>0.378</u>	<u>19844</u>
<u>50026</u>	<u>GROSSMONT HOSPITAL</u>	<u>5834.5</u>	<u>0.043</u>	<u>0.318</u>	<u>0.361</u>	<u>19830</u>
<u>50028</u>	<u>MAD RIVER COMMUNITY HOSPITAL</u>	<u>4303.8</u>	<u>0.026</u>	<u>0.418</u>	<u>0.444</u>	<u>17377</u>
<u>50029</u>	<u>ST. LUKE MEDICAL CENTER</u>	<u>6514.7</u>	<u>0.031</u>	<u>0.238</u>	<u>0.269</u>	<u>20137</u>
<u>50030</u>	<u>OROVILLE HOSPITAL</u>	<u>5185.6</u>	<u>0.048</u>	<u>0.495</u>	<u>0.543</u>	<u>17448</u>
<u>50032</u>	<u>WARRACK MEDICAL CENTER HOSPITAL</u>	<u>5159.2</u>	<u>0.033</u>	<u>0.5</u>	<u>0.533</u>	<u>20837</u>
<u>50033</u>	<u>MOUNT ZION MED CENTER OF UCSE</u>	<u>8623.8</u>	<u>0.042</u>	<u>0.407</u>	<u>0.449</u>	<u>22800</u>
<u>50036</u>	<u>BAKERSFIELD MEMORIAL HOSPITAL</u>	<u>4314.7</u>	<u>0.055</u>	<u>0.358</u>	<u>0.413</u>	<u>17377</u>
<u>50038</u>	<u>SANTA CLARA VALLEY MED CENTER</u>	<u>9378.9</u>	<u>0.045</u>	<u>0.538</u>	<u>0.583</u>	<u>22018</u>
<u>50039</u>	<u>ENLOE MEDICAL CENTER</u>	<u>4630.0</u>	<u>0.026</u>	<u>0.434</u>	<u>0.46</u>	<u>17448</u>
<u>50040</u>	<u>LAC OLIVE VIEW/UCLA MED. CENTER</u>	<u>10003.1</u>	<u>0.033</u>	<u>0.329</u>	<u>0.362</u>	<u>20126</u>
<u>50042</u>	<u>ST. ELIZABETH COMMUNITY HOSPITAL</u>	<u>4303.8</u>	<u>0.03</u>	<u>0.413</u>	<u>0.443</u>	<u>17377</u>
<u>50043</u>	<u>SUMMIT MEDICAL CENTER</u>	<u>7556.7</u>	<u>0.016</u>	<u>0.34</u>	<u>0.356</u>	<u>23771</u>
<u>50045</u>	<u>EL CENTRO REGIONAL MED. CTR.</u>	<u>5940.4</u>	<u>0.021</u>	<u>0.357</u>	<u>0.378</u>	<u>17406</u>
<u>50046</u>	<u>OJAI VALLEY COMMUNITY HOSPITAL</u>	<u>4494.1</u>	<u>0.059</u>	<u>0.675</u>	<u>0.734</u>	<u>18146</u>
<u>50047</u>	<u>CALIFORNIA PACIFIC MED. CENTER</u>	<u>7124.8</u>	<u>0.029</u>	<u>0.373</u>	<u>0.402</u>	<u>22796</u>
<u>50051</u>	<u>ALTA DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.03641</u>	<u>0.586</u>	<u>0.62241</u>	<u>17377</u>
<u>50054</u>	<u>SAN GORGONIO MEMORIAL HOSPITAL</u>	<u>4981.7</u>	<u>0.024</u>	<u>0.33</u>	<u>0.354</u>	<u>18975</u>
<u>50055</u>	<u>ST. LUKES HOSPITAL</u>	<u>8503.5</u>	<u>0.026</u>	<u>0.36</u>	<u>0.386</u>	<u>22795</u>
<u>50056</u>	<u>ANTELOPE VALLEY HOSP. MED. CENTER</u>	<u>6281.4</u>	<u>0.043</u>	<u>0.313</u>	<u>0.356</u>	<u>20139</u>
<u>50057</u>	<u>KAWEAH DELTA HEALTH CARE DIST.</u>	<u>5269.1</u>	<u>0.031</u>	<u>0.43</u>	<u>0.461</u>	<u>17377</u>
<u>50058</u>	<u>GLENDALE MEM. HOSP. & HLTH CT</u>	<u>7144.1</u>	<u>0.031</u>	<u>0.278</u>	<u>0.309</u>	<u>20130</u>
<u>50060</u>	<u>FRESNO COMM. HOSP. & MED CENT</u>	<u>5731.0</u>	<u>0.029</u>	<u>0.337</u>	<u>0.366</u>	<u>17679</u>
<u>50061</u>	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>4530.4</u>	<u>0.057</u>	<u>0.356</u>	<u>0.413</u>	<u>18290</u>
<u>50063</u>	<u>QUEEN OF ANGELS - HILLYWD PRES MC</u>	<u>8430.2</u>	<u>0.033</u>	<u>0.296</u>	<u>0.329</u>	<u>20130</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50065</u>	<u>WMC SANTA ANA</u>	<u>7039.7</u>	<u>0.057</u>	<u>0.314</u>	<u>0.371</u>	<u>19384</u>
<u>50066</u>	<u>BAY HARBOR HOSPITAL</u>	<u>5818.7</u>	<u>0.016</u>	<u>0.302</u>	<u>0.318</u>	<u>20109</u>
<u>50067</u>	<u>OAK VALLEY DISTRICT HOSPITAL</u>	<u>4468.6</u>	<u>0.029</u>	<u>0.359</u>	<u>0.388</u>	<u>18043</u>
<u>50068</u>	<u>LINDSAY DISTRICT HOSPITAL</u>	<u>4494.2</u>	<u>0.014</u>	<u>0.487</u>	<u>0.501</u>	<u>17377</u>
<u>50069</u>	<u>ST. JOSEPH HOSPITAL</u>	<u>5069.0</u>	<u>0.029</u>	<u>0.284</u>	<u>0.313</u>	<u>20127</u>
<u>50070</u>	<u>KEH- SSF</u>	<u>5729.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>22801</u>
<u>50071</u>	<u>KEH - SANTA CLARA</u>	<u>7040.9</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50072</u>	<u>KEH - WALNUT CREEK</u>	<u>6149.7</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50073</u>	<u>KEH - VALLEJO</u>	<u>5946.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23707</u>
<u>50075</u>	<u>KEH - OAKLAND</u>	<u>7131.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50076</u>	<u>KEH - SAN FRANCISCO</u>	<u>7132.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50077</u>	<u>MERCY HOSPITAL AND MED. CENTER</u>	<u>6346.8</u>	<u>0.034</u>	<u>0.3</u>	<u>0.334</u>	<u>19822</u>
<u>50078</u>	<u>SAN PEDRO PENINSULA HOSPITAL</u>	<u>5498.4</u>	<u>0.028</u>	<u>0.268</u>	<u>0.296</u>	<u>20128</u>
<u>50079</u>	<u>DOCTORS MED CENTER-SAN PABLO</u>	<u>7288.6</u>	<u>0.021</u>	<u>0.289</u>	<u>0.31</u>	<u>23773</u>
<u>50082</u>	<u>ST. JOHN'S REGIONAL MED. CENTER</u>	<u>5247.3</u>	<u>0.074</u>	<u>0.343</u>	<u>0.417</u>	<u>18143</u>
<u>50084</u>	<u>ST. JOSEPH'S MEDICAL CENTER</u>	<u>5020.2</u>	<u>0.022</u>	<u>0.26</u>	<u>0.282</u>	<u>18332</u>
<u>50088</u>	<u>SAN LUIS OBISPO GENERAL HOSPITAL</u>	<u>4755.3</u>	<u>0.025</u>	<u>0.735</u>	<u>0.76</u>	<u>18388</u>
<u>50089</u>	<u>COMM. HOSP. OF SAN BERNARDINO</u>	<u>7291.2</u>	<u>0.046</u>	<u>0.315</u>	<u>0.361</u>	<u>19004</u>
<u>50090</u>	<u>SONOMA VALLEY HEALTHCARE DIST.</u>	<u>5159.2</u>	<u>0.055</u>	<u>0.437</u>	<u>0.492</u>	<u>20825</u>
<u>50091</u>	<u>COMM. HOSP. OF HUNTINGTON PARK</u>	<u>9079.1</u>	<u>0.032</u>	<u>0.277</u>	<u>0.309</u>	<u>20132</u>
<u>50092</u>	<u>GLENN MEDICAL CENTER</u>	<u>4684.6</u>	<u>0.05</u>	<u>0.747</u>	<u>0.797</u>	<u>17377</u>
<u>50093</u>	<u>SAINT AGNES MEDICAL CENTER</u>	<u>4603.7</u>	<u>0.043</u>	<u>0.353</u>	<u>0.396</u>	<u>17679</u>
<u>50096</u>	<u>DR'S HOSPITAL OF WEST COVINA</u>	<u>5406.7</u>	<u>0.039</u>	<u>0.304</u>	<u>0.343</u>	<u>20136</u>
<u>50097</u>	<u>GENERAL HOSPITAL</u>	<u>4303.8</u>	<u>0.033</u>	<u>0.367</u>	<u>0.4</u>	<u>17377</u>
<u>50099</u>	<u>SAN ANTONIO COMMUNITY HOSPITAL</u>	<u>5661.2</u>	<u>0.031</u>	<u>0.293</u>	<u>0.324</u>	<u>18988</u>
<u>50100</u>	<u>SHARP MEMORIAL HOSPITAL</u>	<u>5783.9</u>	<u>0.041</u>	<u>0.359</u>	<u>0.4</u>	<u>19822</u>
<u>50101</u>	<u>SUTTER SOLANO MEDICAL CENTER</u>	<u>6430.3</u>	<u>0.025</u>	<u>0.29</u>	<u>0.315</u>	<u>20362</u>
<u>50102</u>	<u>PARKVIEW COMMUNITY HOSPITAL</u>	<u>5928.8</u>	<u>0.024</u>	<u>0.34</u>	<u>0.364</u>	<u>18974</u>
<u>50103</u>	<u>WHITE MEMORIAL MEDICAL CENTER</u>	<u>8308.7</u>	<u>0.044</u>	<u>0.335</u>	<u>0.379</u>	<u>20137</u>
<u>50104</u>	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>7922.8</u>	<u>0.022</u>	<u>0.271</u>	<u>0.293</u>	<u>20119</u>
<u>50107</u>	<u>MARIAN MEDICAL CENTER</u>	<u>5215.2</u>	<u>0.058</u>	<u>0.378</u>	<u>0.436</u>	<u>18290</u>
<u>50108</u>	<u>SUTTER COMMUNITY HOSPITAL</u>	<u>5789.3</u>	<u>0.03641</u>	<u>0.278</u>	<u>0.31441</u>	<u>20043</u>
<u>50110</u>	<u>LOMPOC DISTRICT HOSPITAL</u>	<u>4530.4</u>	<u>0.042</u>	<u>0.436</u>	<u>0.478</u>	<u>18292</u>
<u>50111</u>	<u>TEMPLE COMMUNITY HOSPITAL</u>	<u>7509.1</u>	<u>0.016</u>	<u>0.285</u>	<u>0.301</u>	<u>20110</u>
<u>50112</u>	<u>SANTA MONICA HOSPITAL MED. CENT</u>	<u>5570.3</u>	<u>0.039</u>	<u>0.355</u>	<u>0.394</u>	<u>20130</u>
<u>50113</u>	<u>SAN MATEO COUNTY GEN. HOSPITAL</u>	<u>6178.8</u>	<u>0.028</u>	<u>0.886</u>	<u>0.914</u>	<u>22788</u>
<u>50114</u>	<u>SHERMAN OAKS HOSP AND HLTH CENT</u>	<u>5268.7</u>	<u>0.047</u>	<u>0.43</u>	<u>0.477</u>	<u>20129</u>
<u>50115</u>	<u>PALOMAR MEDICAL CENTER</u>	<u>5573.1</u>	<u>0.044</u>	<u>0.342</u>	<u>0.386</u>	<u>19828</u>

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<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50116</u>	<u>NORTHRIDGE HOSP. MED. CENT - RBC</u>	<u>5974.7</u>	<u>0.029</u>	<u>0.275</u>	<u>0.304</u>	<u>20128</u>
<u>50117</u>	<u>MERCY HOSPITAL & HEALTH SYSTEM</u>	<u>4954.2</u>	<u>0.021</u>	<u>0.308</u>	<u>0.329</u>	<u>17377</u>
<u>50118</u>	<u>DOCTORS HOSPITAL OF MANTECA</u>	<u>4540.3</u>	<u>0.029</u>	<u>0.225</u>	<u>0.254</u>	<u>18331</u>
<u>50121</u>	<u>HANFORD COMMUNITY MED. CENTER</u>	<u>4303.8</u>	<u>0.021</u>	<u>0.391</u>	<u>0.412</u>	<u>17377</u>
<u>50122</u>	<u>DAMERON HOSPITAL</u>	<u>5554.0</u>	<u>0.015</u>	<u>0.28</u>	<u>0.295</u>	<u>18333</u>
<u>50124</u>	<u>VERDUGO HILLS HOSPITAL</u>	<u>5057.3</u>	<u>0.053</u>	<u>0.31</u>	<u>0.363</u>	<u>20150</u>
<u>50125</u>	<u>ALEXIAN BROS. HOSPITAL</u>	<u>7865.2</u>	<u>0.032</u>	<u>0.28</u>	<u>0.312</u>	<u>22025</u>
<u>50126</u>	<u>VALLEY PRESBYTERIAN HOSPITAL</u>	<u>6606.0</u>	<u>0.047</u>	<u>0.312</u>	<u>0.359</u>	<u>20143</u>
<u>50127</u>	<u>WOODLAND MEMORIAL HOSPITAL</u>	<u>4896.1</u>	<u>0.046</u>	<u>0.476</u>	<u>0.522</u>	<u>17797</u>
<u>50128</u>	<u>TRI-CITY MEDICAL CENTER</u>	<u>5188.6</u>	<u>0.043</u>	<u>0.309</u>	<u>0.352</u>	<u>19831</u>
<u>50129</u>	<u>ST. BERNARDINE MEDICAL CENTER</u>	<u>6071.7</u>	<u>0.072</u>	<u>0.392</u>	<u>0.464</u>	<u>19018</u>
<u>50131</u>	<u>NOVATO COMMUNITY HOSPITAL</u>	<u>5729.5</u>	<u>0.026</u>	<u>0.464</u>	<u>0.49</u>	<u>22792</u>
<u>50132</u>	<u>SAN GABRIEL VALLEY MED. CENTER</u>	<u>5928.3</u>	<u>0.038</u>	<u>0.251</u>	<u>0.289</u>	<u>20144</u>
<u>50133</u>	<u>RIDEOUT MEMORIAL HOSPITAL</u>	<u>5334.9</u>	<u>0.044</u>	<u>0.443</u>	<u>0.487</u>	<u>18427</u>
<u>50135</u>	<u>HOLLYWOOD COMM. HOSP OF HLYWD.</u>	<u>6497.7</u>	<u>0.027</u>	<u>0.377</u>	<u>0.404</u>	<u>20116</u>
<u>50136</u>	<u>PETALUMA VALLEY HOSPITAL</u>	<u>5159.2</u>	<u>0.03641</u>	<u>0.489</u>	<u>0.52541</u>	<u>20835</u>
<u>50137</u>	<u>KAISER FOUND. HOSP. - PANORAMA</u>	<u>5088.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50138</u>	<u>KAISER FOUND. HOSP. - SUNSET</u>	<u>5938.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50139</u>	<u>KAISER FOUND. HOSP. - BELLFLOWER</u>	<u>5118.5</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>20129</u>
<u>50140</u>	<u>KAISER FOUND. HOSP. - FONTANA</u>	<u>5082.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>18989</u>
<u>50144</u>	<u>BROTMAN MEDICAL CENTER</u>	<u>6207.8</u>	<u>0.05</u>	<u>0.318</u>	<u>0.368</u>	<u>20145</u>
<u>50145</u>	<u>COMM. HOSP. MONTEREY PENINSULA</u>	<u>5869.7</u>	<u>0.032</u>	<u>0.463</u>	<u>0.495</u>	<u>23133</u>
<u>50148</u>	<u>PLUMAS DISTRICT HOSP. MDCARE RPT</u>	<u>4303.8</u>	<u>0.034</u>	<u>0.466</u>	<u>0.5</u>	<u>17377</u>
<u>50149</u>	<u>CALIFORNIA MEDICAL CENTER</u>	<u>8562.6</u>	<u>0.035</u>	<u>0.353</u>	<u>0.388</u>	<u>20126</u>
<u>50150</u>	<u>SIERRA NEVADA MEMORIAL HOSPITAL</u>	<u>4948.0</u>	<u>0.073</u>	<u>0.459</u>	<u>0.532</u>	<u>19970</u>
<u>50152</u>	<u>SAINT FRANCIS MEMORIAL HOSPITAL</u>	<u>7135.7</u>	<u>0.032</u>	<u>0.292</u>	<u>0.324</u>	<u>22801</u>
<u>50153</u>	<u>O'CONNOR HOSPITAL</u>	<u>5991.8</u>	<u>0.03641</u>	<u>0.363</u>	<u>0.39941</u>	<u>22022</u>
<u>50155</u>	<u>MONROVIA COMMUNITY HOSPITAL</u>	<u>5408.9</u>	<u>0.039</u>	<u>0.314</u>	<u>0.353</u>	<u>20134</u>
<u>50158</u>	<u>ENCINO-TARZANA REG MED CENTER</u>	<u>5071.9</u>	<u>0.038</u>	<u>0.361</u>	<u>0.399</u>	<u>20128</u>
<u>50159</u>	<u>VENTURA COUNTY MEDICAL CENTER</u>	<u>7638.6</u>	<u>0.024</u>	<u>0.504</u>	<u>0.528</u>	<u>18147</u>
<u>50167</u>	<u>SAN JOAQUIN GENERAL HOSPITAL</u>	<u>7581.0</u>	<u>0.048</u>	<u>0.451</u>	<u>0.499</u>	<u>18331</u>
<u>50168</u>	<u>ST. JUDE MEDICAL CENTER</u>	<u>4875.0</u>	<u>0.022</u>	<u>0.282</u>	<u>0.304</u>	<u>19345</u>
<u>50169</u>	<u>PRESBYTERIAN INTERCOMMUNITY</u>	<u>5662.7</u>	<u>0.041</u>	<u>0.29</u>	<u>0.331</u>	<u>20140</u>
<u>50170</u>	<u>LONG BEACH COMM. MED. CENTER</u>	<u>5651.6</u>	<u>0.032</u>	<u>0.333</u>	<u>0.365</u>	<u>20125</u>
<u>50172</u>	<u>REDWOOD MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.428</u>	<u>0.464</u>	<u>17377</u>
<u>50173</u>	<u>ANAHEIM GENERAL HOSPITAL</u>	<u>6486.4</u>	<u>0.013</u>	<u>0.275</u>	<u>0.288</u>	<u>19332</u>
<u>50174</u>	<u>SANTA ROSA MEMORIAL HOSPITAL</u>	<u>5179.2</u>	<u>0.039</u>	<u>0.462</u>	<u>0.501</u>	<u>20833</u>
<u>50175</u>	<u>WHITTIER HOSPITAL MEDICAL CENTER</u>	<u>6697.3</u>	<u>0.039</u>	<u>0.291</u>	<u>0.33</u>	<u>20138</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50177</u>	<u>SANTA PAULA MEMORIAL HOSPITAL</u>	<u>4693.0</u>	<u>0.028</u>	<u>0.546</u>	<u>0.574</u>	<u>18146</u>
<u>50179</u>	<u>EMANUEL MEDICAL CENTER</u>	<u>5133.3</u>	<u>0.038</u>	<u>0.353</u>	<u>0.391</u>	<u>18042</u>
<u>50180</u>	<u>JOHN MUJR MEDICAL CENTER</u>	<u>5985.2</u>	<u>0.03641</u>	<u>0.305</u>	<u>0.34141</u>	<u>23776</u>
<u>50186</u>	<u>SCRIPPS HOSPITAL - EAST COUNTY</u>	<u>5747.0</u>	<u>0.051</u>	<u>0.37</u>	<u>0.421</u>	<u>19831</u>
<u>50188</u>	<u>COMM HOSP. & REHAB- LOS GATOS</u>	<u>5534.0</u>	<u>0.045</u>	<u>0.253</u>	<u>0.298</u>	<u>22039</u>
<u>50189</u>	<u>GEORGE L. MEE MEMORIAL HOSPITAL</u>	<u>5980.3</u>	<u>0.036</u>	<u>0.493</u>	<u>0.529</u>	<u>23132</u>
<u>50191</u>	<u>ST MARY MEDICAL CENTER</u>	<u>7071.6</u>	<u>0.039</u>	<u>0.255</u>	<u>0.294</u>	<u>20144</u>
<u>50192</u>	<u>SIERRA KINGS DISTRICT HOSPITAL</u>	<u>4572.4</u>	<u>0.038</u>	<u>0.52</u>	<u>0.558</u>	<u>17679</u>
<u>50193</u>	<u>SOUTH COAST MEDICAL CENTER</u>	<u>4867.8</u>	<u>0.027</u>	<u>0.268</u>	<u>0.295</u>	<u>19354</u>
<u>50194</u>	<u>WATSONVILLE COMMUNITY HOSPITAL</u>	<u>6816.0</u>	<u>0.03</u>	<u>0.387</u>	<u>0.417</u>	<u>22627</u>
<u>50195</u>	<u>WASHINGTON HOSPITAL DISTRICT</u>	<u>6805.6</u>	<u>0.024</u>	<u>0.336</u>	<u>0.36</u>	<u>23773</u>
<u>50196</u>	<u>CENTRAL VALLEY GENERAL HOSP</u>	<u>4456.1</u>	<u>0.021</u>	<u>0.382</u>	<u>0.403</u>	<u>17377</u>
<u>50197</u>	<u>SEQUOIA HEALTH SERVICES</u>	<u>5739.1</u>	<u>0.03</u>	<u>0.449</u>	<u>0.479</u>	<u>22794</u>
<u>50204</u>	<u>LANCASTER COMMUNITY HOSPITAL</u>	<u>5201.4</u>	<u>0.022</u>	<u>0.251</u>	<u>0.273</u>	<u>20122</u>
<u>50205</u>	<u>HUNTINGTON EAST VALLEY HOSPITAL</u>	<u>7228.2</u>	<u>0.044</u>	<u>0.419</u>	<u>0.463</u>	<u>20128</u>
<u>50207</u>	<u>FREMONT MEDICAL CENTER</u>	<u>5423.3</u>	<u>0.03</u>	<u>0.494</u>	<u>0.524</u>	<u>18429</u>
<u>50211</u>	<u>ALAMEDA HOSPITAL</u>	<u>6385.2</u>	<u>0.014</u>	<u>0.25</u>	<u>0.264</u>	<u>23772</u>
<u>50213</u>	<u>UNIVERSITY MED. CENTER FRESNO</u>	<u>7604.5</u>	<u>0.021</u>	<u>0.439</u>	<u>0.46</u>	<u>17680</u>
<u>50214</u>	<u>GRANADA HILLS COMM. HOSPITAL</u>	<u>6473.8</u>	<u>0.022</u>	<u>0.303</u>	<u>0.325</u>	<u>20116</u>
<u>50215</u>	<u>SAN JOSE MEDICAL CENTER</u>	<u>7139.9</u>	<u>0.13</u>	<u>0.425</u>	<u>0.555</u>	<u>22062</u>
<u>50217</u>	<u>FAIRCHILD MEDICAL CENTER</u>	<u>4303.8</u>	<u>0.045</u>	<u>0.616</u>	<u>0.661</u>	<u>17377</u>
<u>50219</u>	<u>COAST PLAZA DOCTORS HOSPITAL</u>	<u>6698.9</u>	<u>0.023</u>	<u>0.288</u>	<u>0.311</u>	<u>20119</u>
<u>50222</u>	<u>SHARP CHULA VISTA MEDICAL CENT</u>	<u>6376.7</u>	<u>0.044</u>	<u>0.326</u>	<u>0.37</u>	<u>19830</u>
<u>50224</u>	<u>HOAG MEM. HOSP. PRESBYTERIAN</u>	<u>4869.0</u>	<u>0.036</u>	<u>0.38</u>	<u>0.416</u>	<u>19352</u>
<u>50225</u>	<u>FEATHER RIVER HOSPITAL</u>	<u>4510.5</u>	<u>0.047</u>	<u>0.45</u>	<u>0.497</u>	<u>17448</u>
<u>50226</u>	<u>ANAHEIM MEMORIAL MED. CENTER</u>	<u>5034.2</u>	<u>0.052</u>	<u>0.299</u>	<u>0.351</u>	<u>19381</u>
<u>50228</u>	<u>SAN FRANCISCO GENERAL HOSPITAL</u>	<u>10776.1</u>	<u>0.016</u>	<u>0.535</u>	<u>0.551</u>	<u>22788</u>
<u>50230</u>	<u>GARDEN GROVE MEDICAL CENTER</u>	<u>6972.4</u>	<u>0.029</u>	<u>0.262</u>	<u>0.291</u>	<u>19358</u>
<u>50231</u>	<u>POMONA VALLEY HOSPITAL MED CENT</u>	<u>6615.4</u>	<u>0.024</u>	<u>0.264</u>	<u>0.288</u>	<u>20123</u>
<u>50232</u>	<u>FRENCH HOSPITAL MEDICAL CENTER</u>	<u>4562.2</u>	<u>0.033</u>	<u>0.262</u>	<u>0.295</u>	<u>18385</u>
<u>50234</u>	<u>SHARP CORONADO HOSPITAL</u>	<u>4979.7</u>	<u>0.035</u>	<u>0.464</u>	<u>0.499</u>	<u>19808</u>
<u>50235</u>	<u>PROVIDENCE SAINT JOSEPH MED CENT</u>	<u>5361.5</u>	<u>0.046</u>	<u>0.403</u>	<u>0.449</u>	<u>20131</u>
<u>50236</u>	<u>SIMI VALLEY HOSPITAL</u>	<u>5177.0</u>	<u>0.03641</u>	<u>0.326</u>	<u>0.36241</u>	<u>20070</u>
<u>50238</u>	<u>METHODIST HOSP. OF SOUTHERN CAL</u>	<u>5065.0</u>	<u>0.042</u>	<u>0.353</u>	<u>0.395</u>	<u>20133</u>
<u>50239</u>	<u>GLENDALE ADVENTIST MED. CENTER</u>	<u>7355.8</u>	<u>0.052</u>	<u>0.607</u>	<u>0.659</u>	<u>20121</u>
<u>50240</u>	<u>CENTINELA HOSPITAL MED. CENTER</u>	<u>6795.9</u>	<u>0.049</u>	<u>0.298</u>	<u>0.347</u>	<u>20148</u>
<u>50242</u>	<u>DOMINICAN SANTA CRUZ HOSPITAL</u>	<u>6176.1</u>	<u>0.034</u>	<u>0.331</u>	<u>0.365</u>	<u>22617</u>
<u>50243</u>	<u>DESERT HOSPITAL</u>	<u>5437.4</u>	<u>0.044</u>	<u>0.26</u>	<u>0.304</u>	<u>19013</u>

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<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50245</u>	<u>ARROWHEAD REGIONAL MED. CENTER</u>	<u>8153.0</u>	<u>0.015</u>	<u>0.476</u>	<u>0.491</u>	<u>18956</u>
<u>50248</u>	<u>NATIVIDAD MEDICAL CENTER</u>	<u>8830.3</u>	<u>0.016</u>	<u>0.393</u>	<u>0.409</u>	<u>23147</u>
<u>50251</u>	<u>LASSEN COMMUNITY HOSPITAL</u>	<u>4684.6</u>	<u>0.039</u>	<u>0.476</u>	<u>0.515</u>	<u>17377</u>
<u>50253</u>	<u>LINCOLN LLC</u>	<u>6066.4</u>	<u>0.028</u>	<u>0.301</u>	<u>0.329</u>	<u>19351</u>
<u>50254</u>	<u>MARSHALL HOSPITAL</u>	<u>5033.6</u>	<u>0.085</u>	<u>0.431</u>	<u>0.516</u>	<u>20064</u>
<u>50256</u>	<u>ORTHOPAEDIC HOSPITAL</u>	<u>6853.0</u>	<u>0.046</u>	<u>0.447</u>	<u>0.493</u>	<u>20127</u>
<u>50257</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>4494.2</u>	<u>0.08</u>	<u>0.32</u>	<u>0.4</u>	<u>17378</u>
<u>50260</u>	<u>MOUNTAINS COMMUNITY HOSPITAL</u>	<u>4770.8</u>	<u>0.042</u>	<u>0.46</u>	<u>0.502</u>	<u>18983</u>
<u>50261</u>	<u>SIERRA VIEW DISTRICT HOSPITAL</u>	<u>5092.2</u>	<u>0.064</u>	<u>0.39</u>	<u>0.454</u>	<u>17378</u>
<u>50262</u>	<u>UCLA MEDICAL CENTER</u>	<u>7975.2</u>	<u>0.039</u>	<u>0.387</u>	<u>0.426</u>	<u>20126</u>
<u>50264</u>	<u>SAN LEANDRO HOSPITAL</u>	<u>5974.6</u>	<u>0.039</u>	<u>0.337</u>	<u>0.376</u>	<u>23776</u>
<u>50267</u>	<u>DANIEL FREEMAN MEMORIAL HOSP</u>	<u>6571.3</u>	<u>0.023</u>	<u>0.248</u>	<u>0.271</u>	<u>20123</u>
<u>50270</u>	<u>SMH - CHULA VISTA</u>	<u>6795.5</u>	<u>0.036</u>	<u>0.305</u>	<u>0.341</u>	<u>19824</u>
<u>50272</u>	<u>REDLANDS COMMUNITY HOSPITAL</u>	<u>4783.7</u>	<u>0.035</u>	<u>0.292</u>	<u>0.327</u>	<u>18994</u>
<u>50276</u>	<u>CONTRA COSTA REGIONAL MED. CENT</u>	<u>9454.0</u>	<u>0.017</u>	<u>0.666</u>	<u>0.683</u>	<u>23770</u>
<u>50277</u>	<u>PACIFIC HOSPITAL OF LONG BEACH</u>	<u>7263.8</u>	<u>0.024</u>	<u>0.387</u>	<u>0.411</u>	<u>20112</u>
<u>50278</u>	<u>PROVIDENCE HOLY CROSS MED CENT</u>	<u>5769.4</u>	<u>0.039</u>	<u>0.282</u>	<u>0.321</u>	<u>20139</u>
<u>50279</u>	<u>HI - DESERT MEDICAL CENTER</u>	<u>4770.8</u>	<u>0.054</u>	<u>0.491</u>	<u>0.545</u>	<u>18990</u>
<u>50280</u>	<u>MERCY MEDICAL CENTER</u>	<u>5635.0</u>	<u>0.029</u>	<u>0.296</u>	<u>0.325</u>	<u>19615</u>
<u>50281</u>	<u>ALHAMBRA HOSPITAL</u>	<u>7401.6</u>	<u>0.039</u>	<u>0.32</u>	<u>0.359</u>	<u>20134</u>
<u>50282</u>	<u>MARTIN LUTHER HOSPITAL</u>	<u>5945.2</u>	<u>0.038</u>	<u>0.321</u>	<u>0.359</u>	<u>19361</u>
<u>50283</u>	<u>VALLEY MEMORIAL HOSPITAL</u>	<u>5974.6</u>	<u>0.035</u>	<u>0.269</u>	<u>0.304</u>	<u>23776</u>
<u>50289</u>	<u>SETON MEDICAL CENTER</u>	<u>6749.3</u>	<u>0.036</u>	<u>0.357</u>	<u>0.393</u>	<u>22800</u>
<u>50290</u>	<u>SAINT JOHN'S HOSPITAL</u>	<u>5063.8</u>	<u>0.027</u>	<u>0.307</u>	<u>0.334</u>	<u>20122</u>
<u>50291</u>	<u>SUTTER COMM HOSP SANTA ROSA</u>	<u>8312.9</u>	<u>0.039</u>	<u>0.499</u>	<u>0.538</u>	<u>20834</u>
<u>50292</u>	<u>RIVERSIDE COUNTY REG. MED CENTER</u>	<u>7310.5</u>	<u>0.018</u>	<u>0.48</u>	<u>0.498</u>	<u>18959</u>
<u>50293</u>	<u>PACIFIC COAST HOSPITAL</u>	<u>7084.4</u>	<u>0.112</u>	<u>0.835</u>	<u>0.947</u>	<u>22805</u>
<u>50295</u>	<u>MERCY HOSPITAL</u>	<u>4464.2</u>	<u>0.055</u>	<u>0.314</u>	<u>0.369</u>	<u>17378</u>
<u>50296</u>	<u>HAZEL HAWKINS MEM. HOSPITAL</u>	<u>5541.7</u>	<u>0.03641</u>	<u>0.442</u>	<u>0.47841</u>	<u>22625</u>
<u>50298</u>	<u>BARSTOW COMMUNITY HOSPITAL</u>	<u>4770.8</u>	<u>0.036</u>	<u>0.282</u>	<u>0.318</u>	<u>18997</u>
<u>50299</u>	<u>NHMC-SHERMAN WAY CAMPUS</u>	<u>7150.0</u>	<u>0.042</u>	<u>0.351</u>	<u>0.393</u>	<u>20133</u>
<u>50300</u>	<u>ST. MARY REGIONAL MEDICAL CENTER</u>	<u>5606.9</u>	<u>0.04</u>	<u>0.325</u>	<u>0.365</u>	<u>18995</u>
<u>50301</u>	<u>UKIAH VALLEY MEDICAL CENTER</u>	<u>5263.3</u>	<u>0.034</u>	<u>0.486</u>	<u>0.52</u>	<u>20836</u>
<u>50305</u>	<u>ALTA BATES MEDICAL CENTER</u>	<u>7233.9</u>	<u>0.028</u>	<u>0.278</u>	<u>0.306</u>	<u>23775</u>
<u>50308</u>	<u>EL CAMINO HOSPITAL</u>	<u>5542.8</u>	<u>0.031</u>	<u>0.335</u>	<u>0.366</u>	<u>22020</u>
<u>50309</u>	<u>SUTTER ROSEVILLE MEDICAL CENTER</u>	<u>5237.1</u>	<u>0.035</u>	<u>0.287</u>	<u>0.322</u>	<u>20040</u>
<u>50312</u>	<u>REDDING MEDICAL CENTER</u>	<u>5071.6</u>	<u>0.015</u>	<u>0.361</u>	<u>0.376</u>	<u>19621</u>
<u>50313</u>	<u>SUTTER TRACY COMMUNITY HOSPITAL</u>	<u>4540.3</u>	<u>0.058</u>	<u>0.301</u>	<u>0.359</u>	<u>18329</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50315</u>	<u>KERN MEDICAL CENTER</u>	<u>7908.4</u>	<u>0.03</u>	<u>0.574</u>	<u>0.604</u>	<u>17377</u>
<u>50320</u>	<u>ALAMEDA COUNTY MEDICAL CENTER</u>	<u>10196.1</u>	<u>0.017</u>	<u>0.608</u>	<u>0.625</u>	<u>23770</u>
<u>50324</u>	<u>SCRIPPS MEM HOSP - LA JOLLA</u>	<u>4990.5</u>	<u>0.034</u>	<u>0.28</u>	<u>0.314</u>	<u>19825</u>
<u>50325</u>	<u>TUOLUMNE GENERAL HOSPITAL</u>	<u>4303.8</u>	<u>0.022</u>	<u>0.419</u>	<u>0.441</u>	<u>17377</u>
<u>50327</u>	<u>LOMA LINDA UNIVERSITY MED CTR</u>	<u>7076.6</u>	<u>0.036</u>	<u>0.289</u>	<u>0.325</u>	<u>18996</u>
<u>50329</u>	<u>CORONA REGIONAL MEDICAL CENTER</u>	<u>5574.6</u>	<u>0.028</u>	<u>0.274</u>	<u>0.302</u>	<u>18987</u>
<u>50331</u>	<u>HEALDSBURG GENERAL HOSPITAL</u>	<u>5159.2</u>	<u>0.024</u>	<u>0.459</u>	<u>0.483</u>	<u>20840</u>
<u>50333</u>	<u>SENECA DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.021</u>	<u>0.532</u>	<u>0.553</u>	<u>17377</u>
<u>50334</u>	<u>SALINAS VALLEY MEMORIAL HOSP</u>	<u>6197.3</u>	<u>0.023</u>	<u>0.442</u>	<u>0.465</u>	<u>23141</u>
<u>50335</u>	<u>SONORA COMMUNITY HOSPITAL</u>	<u>4303.8</u>	<u>0.039</u>	<u>0.46</u>	<u>0.499</u>	<u>17377</u>
<u>50336</u>	<u>LODI MEMORIAL HOSPITAL</u>	<u>4748.4</u>	<u>0.03</u>	<u>0.312</u>	<u>0.342</u>	<u>18332</u>
<u>50337</u>	<u>DESERT PALMS COMMUNITY HOSPITAL</u>	<u>5057.3</u>	<u>0.042</u>	<u>0.394</u>	<u>0.436</u>	<u>20128</u>
<u>50342</u>	<u>PIONEERS MEM. HOSPITAL</u>	<u>4456.1</u>	<u>0.033</u>	<u>0.426</u>	<u>0.459</u>	<u>17377</u>
<u>50345</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>4781.9</u>	<u>0.051</u>	<u>0.497</u>	<u>0.548</u>	<u>18987</u>
<u>50348</u>	<u>UCL MEDICAL CENTER</u>	<u>8187.6</u>	<u>0.027</u>	<u>0.322</u>	<u>0.349</u>	<u>19347</u>
<u>50349</u>	<u>CORCORAN DISTRICT HOSPITAL</u>	<u>4456.1</u>	<u>0.03</u>	<u>0.429</u>	<u>0.459</u>	<u>17377</u>
<u>50350</u>	<u>BEVERLY COMM HOSPITAL ASSN</u>	<u>6431.8</u>	<u>0.023</u>	<u>0.305</u>	<u>0.328</u>	<u>20117</u>
<u>50351</u>	<u>TORRANCE MEMORIAL MED CENTER</u>	<u>5063.4</u>	<u>0.031</u>	<u>0.323</u>	<u>0.354</u>	<u>20125</u>
<u>50352</u>	<u>BARTON MEMORIAL HOSPITAL</u>	<u>5033.6</u>	<u>0.07</u>	<u>0.516</u>	<u>0.586</u>	<u>20044</u>
<u>50353</u>	<u>LITTLE COMPANY OF MARY HOSPITAL</u>	<u>5067.1</u>	<u>0.033</u>	<u>0.295</u>	<u>0.328</u>	<u>20130</u>
<u>50355</u>	<u>SIERRA VALLEY DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.111</u>	<u>0.64</u>	<u>0.751</u>	<u>17378</u>
<u>50357</u>	<u>GOLETA VALLEY COTTAGE HOSPITAL</u>	<u>4540.5</u>	<u>0.036</u>	<u>0.351</u>	<u>0.387</u>	<u>18292</u>
<u>50359</u>	<u>TULARE DISTRICT HOSPITAL</u>	<u>5249.7</u>	<u>0.041</u>	<u>0.43</u>	<u>0.471</u>	<u>17377</u>
<u>50360</u>	<u>MARIN GENERAL HOSPITAL</u>	<u>5875.4</u>	<u>0.05</u>	<u>0.425</u>	<u>0.475</u>	<u>22802</u>
<u>50366</u>	<u>MARK TWAIN ST. JOSEPH'S HOSPITAL</u>	<u>4303.8</u>	<u>0.022</u>	<u>0.346</u>	<u>0.368</u>	<u>17377</u>
<u>50367</u>	<u>NORTHBAY MEDICAL CENTER</u>	<u>6561.2</u>	<u>0.034</u>	<u>0.233</u>	<u>0.267</u>	<u>20353</u>
<u>50369</u>	<u>QUEEN OF THE VALLEY HOSPITAL</u>	<u>6821.2</u>	<u>0.023</u>	<u>0.356</u>	<u>0.379</u>	<u>20113</u>
<u>50373</u>	<u>LAC-USC MEDICAL CENTER</u>	<u>9863.6</u>	<u>0.016</u>	<u>0.347</u>	<u>0.363</u>	<u>20106</u>
<u>50376</u>	<u>HARBOR-UCLA MEDICAL CENTER</u>	<u>10439.6</u>	<u>0.039</u>	<u>0.296</u>	<u>0.335</u>	<u>20137</u>
<u>50377</u>	<u>CHOWCHILLA DISTRICT MEM HOSP</u>	<u>4378.7</u>	<u>0.032</u>	<u>0.642</u>	<u>0.674</u>	<u>17680</u>
<u>50378</u>	<u>PACIFIC HOSPITAL OF THE VALLEY</u>	<u>8053.4</u>	<u>0.059</u>	<u>0.476</u>	<u>0.535</u>	<u>20134</u>
<u>50379</u>	<u>WEST SIDE DISTRICT HOSPITAL</u>	<u>4303.8</u>	<u>0.127</u>	<u>0.832</u>	<u>0.959</u>	<u>17377</u>
<u>50380</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>5539.0</u>	<u>0.106</u>	<u>0.556</u>	<u>0.662</u>	<u>22041</u>
<u>50382</u>	<u>INTER-COMMUNITY MEDICAL CENTER</u>	<u>6123.9</u>	<u>0.026</u>	<u>0.34</u>	<u>0.366</u>	<u>20117</u>
<u>50385</u>	<u>PALM DRIVE HOSPITAL</u>	<u>5159.2</u>	<u>0.03</u>	<u>0.494</u>	<u>0.524</u>	<u>20838</u>
<u>50388</u>	<u>SOUTHERN INYO HOSPITAL</u>	<u>4303.8</u>	<u>0.055</u>	<u>0.753</u>	<u>0.808</u>	<u>17377</u>
<u>50390</u>	<u>HEMET VALLEY MEDICAL CENTER</u>	<u>5342.1</u>	<u>0.029</u>	<u>0.308</u>	<u>0.337</u>	<u>18984</u>
<u>50391</u>	<u>SANTA TERESITA HOSPITAL</u>	<u>5281.0</u>	<u>0.026</u>	<u>0.41</u>	<u>0.436</u>	<u>20113</u>

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
50392	TRINITY HOSPITAL	4684.6	0.015	0.61	0.625	17377
50393	DOWNEY COMMUNITY HOSPITAL	5960.7	0.087	0.716	0.803	20134
50394	COMM MEM HOSP OF SAN BUENA VEN.	4498.9	0.026	0.406	0.432	18146
50396	SANTA BARBARA COTTAGE HOSPITAL	5094.9	0.022	0.245	0.267	18292
50397	COALINGA REGIONAL MED CENTER	4378.7	0.085	0.483	0.568	17679
50401	WASHINGTON MEDICAL CENTER	5057.3	0.042	0.29	0.332	20141
50404	BIGGS-GRIDLEY MEM HOSP. CARE	4321.4	0.015	0.424	0.439	17448
50406	MAYERS MEM HOSP MCARE RPT	4858.2	0.04	0.524	0.564	19617
50407	CHINESE HOSPITAL	5983.1	0.034	0.513	0.547	22794
50410	SANGER GENERAL HOSPITAL	4572.4	0.032	0.443	0.475	17679
50411	KAISER FOUND HOSP -HARBOR	5104.8	0.039	0.361	0.4	20129
50414	MERCY HOSPITAL OF FOLSOM	5033.6	0.072	0.326	0.398	20071
50417	SUTTER COAST HOSPITAL	4303.8	0.068	0.439	0.507	17377
50419	MERCY MEDICAL CENTER MT. SHASTA	4858.2	0.053	0.517	0.57	19615
50420	ROBERT E. KENNEDY MED CENTER	7318.8	0.03641	0.392	0.42841	20123
50423	PALO VERDE HOSPITAL	4981.7	0.053	0.39	0.443	19000
50424	GREEN HOSPITAL OF SCRIPPS CLINIC	5539.0	0.042	0.408	0.45	19818
50425	KFH - SACRAMENTO	5398.6	0.039	0.361	0.4	20035
50426	WEST ANAHEIM MEDICAL CENTER	5079.2	0.024	0.242	0.266	19354
50427	AVALON MUNICIPAL HOSPITAL	5057.3	0.039	0.61	0.649	20113
50430	MODOC MEDICAL CENTER	4684.6	0.019	0.557	0.576	17377
50432	GARFIELD MEDICAL CTR.	8463.2	0.016	0.361	0.377	20105
50433	INDIAN VALLEY HOSPITAL	4303.8	0.02	0.563	0.583	17377
50434	COLUSA COMMUNITY HOSPITAL	4684.6	0.039	0.596	0.635	17377
50435	FALLBROOK DISTRICT HOSPITAL	4979.7	0.024	0.374	0.398	19803
50438	HUNTINGTON MEMORIAL HOSPITAL	6155.8	0.028	0.332	0.36	20120
50440	HOWARD MEMORIAL HOSPITAL	4303.8	0.049	0.433	0.482	17377
50441	STANFORD UNIVERSITY HOSPITAL	8212.0	0.032	0.327	0.359	22022
50443	JOHN C. FREMONT HOSPITAL	4303.8	0.027	0.518	0.545	17377
50444	SUTTER MERCED MEDICAL CENTER	6086.4	0.033	0.34	0.373	17377
50446	TEHACHAPI VALLEY HOSP. DIST.	4303.8	0.051	0.974	1.025	17377
50447	VILLA VIEW COMMUNITY HOSPITAL	7531.8	0.068	0.374	0.442	19846
50448	RIDGECREST REGIONAL HOSPITAL	4303.8	0.045	0.442	0.487	17377
50449	VALLEY COMMUNITY HOSPITAL	4530.4	0.059	0.24	0.299	18288
50454	UC SAN FRANCISCO MEDICAL CENTER	9962.8	0.033	0.324	0.357	22800
50455	SAN JOAQUIN COMMUNITY HOSPITAL	5021.5	0.022	0.352	0.374	17377
50456	GARDENA PHYSICIANS HOSP. INC.	5057.3	0.048	0.694	0.742	20115
50457	ST. MARY'S MEDICAL CENTER	6681.9	0.033	0.272	0.305	22803

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50464</u>	<u>DOCTORS MED CENTER OF MODESTO</u>	<u>5775.5</u>	<u>0.018</u>	<u>0.361</u>	<u>0.379</u>	<u>18043</u>
<u>50468</u>	<u>MEMORIAL HOSPITAL OF GARDENA</u>	<u>6576.1</u>	<u>0.022</u>	<u>0.31</u>	<u>0.332</u>	<u>20115</u>
<u>50469</u>	<u>COLORADO RIVER MEDICAL CENTER</u>	<u>4770.8</u>	<u>0.022</u>	<u>0.777</u>	<u>0.799</u>	<u>18955</u>
<u>50470</u>	<u>SELMA DISTRICT HOSPITAL</u>	<u>4618.3</u>	<u>0.022</u>	<u>0.615</u>	<u>0.637</u>	<u>17680</u>
<u>50471</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>6314.2</u>	<u>0.016</u>	<u>0.293</u>	<u>0.309</u>	<u>20109</u>
<u>50476</u>	<u>SUTTER LAKESIDE HOSPITAL</u>	<u>4303.8</u>	<u>0.04</u>	<u>0.418</u>	<u>0.458</u>	<u>17377</u>
<u>50477</u>	<u>MIDWAY HOSPITAL MEDICAL CENTER</u>	<u>5687.7</u>	<u>0.052</u>	<u>0.234</u>	<u>0.286</u>	<u>20165</u>
<u>50478</u>	<u>SANTA YNEZ VALLEY COTTAGE HOSP</u>	<u>4530.4</u>	<u>0.053</u>	<u>0.424</u>	<u>0.477</u>	<u>18291</u>
<u>50481</u>	<u>WEST HILLS REG MEDICAL CENTER</u>	<u>5065.2</u>	<u>0.025</u>	<u>0.249</u>	<u>0.274</u>	<u>20126</u>
<u>50482</u>	<u>JEROLD PHELPS COMMUNITY HOSP</u>	<u>4684.6</u>	<u>0.029</u>	<u>0.661</u>	<u>0.69</u>	<u>17377</u>
<u>50485</u>	<u>LONG BEACH MEMORIAL MED CENTER</u>	<u>6475.2</u>	<u>0.038</u>	<u>0.401</u>	<u>0.439</u>	<u>20124</u>
<u>50488</u>	<u>EDEN MEDICAL CENTER</u>	<u>6177.8</u>	<u>0.026</u>	<u>0.327</u>	<u>0.353</u>	<u>23773</u>
<u>50491</u>	<u>SANTA ANA HOSPITAL MED CENTER</u>	<u>5078.2</u>	<u>0.129</u>	<u>0.371</u>	<u>0.5</u>	<u>19433</u>
<u>50492</u>	<u>CLOVIS COMMUNITY HOSPITAL</u>	<u>4663.9</u>	<u>0.087</u>	<u>0.4</u>	<u>0.487</u>	<u>17679</u>
<u>50494</u>	<u>TAHOE FOREST HOSPITAL</u>	<u>4948.0</u>	<u>0.05</u>	<u>0.539</u>	<u>0.589</u>	<u>19979</u>
<u>50496</u>	<u>MT. DIABLO MEDICAL CENTER</u>	<u>6186.0</u>	<u>0.032</u>	<u>0.265</u>	<u>0.297</u>	<u>23776</u>
<u>50497</u>	<u>DOS PALOS MEMORIAL HOSPITAL</u>	<u>4303.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>17377</u>
<u>50498</u>	<u>SUTTER AUBURN FAITH HOSPITAL</u>	<u>5033.6</u>	<u>0.026</u>	<u>0.32</u>	<u>0.346</u>	<u>20025</u>
<u>50502</u>	<u>ST. VINCENT MEDICAL CENTER</u>	<u>6665.5</u>	<u>0.031</u>	<u>0.297</u>	<u>0.328</u>	<u>20128</u>
<u>50503</u>	<u>SCRIPPS MEM HOSPITAL-ENCINITAS</u>	<u>4979.7</u>	<u>0.031</u>	<u>0.302</u>	<u>0.333</u>	<u>19818</u>
<u>50506</u>	<u>SIERRA VISTA REGINAL MED CTR</u>	<u>4935.5</u>	<u>0.027</u>	<u>0.253</u>	<u>0.28</u>	<u>18386</u>
<u>50510</u>	<u>KEH - SAN RAFAEL</u>	<u>5977.4</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50512</u>	<u>KEH - HAYWARD</u>	<u>6050.0</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50515</u>	<u>KAISER FOUND. HOSP -SAN DIEGO</u>	<u>5093.3</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>19820</u>
<u>50516</u>	<u>MERCY SAN JUAN HOSPITAL</u>	<u>5633.1</u>	<u>0.025</u>	<u>0.243</u>	<u>0.268</u>	<u>20033</u>
<u>50517</u>	<u>VICTOR VALLEY COMM HOSPITAL</u>	<u>5987.7</u>	<u>0.03</u>	<u>0.281</u>	<u>0.311</u>	<u>18989</u>
<u>50522</u>	<u>DOCTORS HOSPITAL OF PINOLE</u>	<u>5974.6</u>	<u>0.023</u>	<u>0.261</u>	<u>0.284</u>	<u>23774</u>
<u>50523</u>	<u>SUTTER DELTA MEDICAL CENTER</u>	<u>7027.7</u>	<u>0.029</u>	<u>0.303</u>	<u>0.332</u>	<u>23774</u>
<u>50526</u>	<u>HUNTINGTON BEACH MED CENTER</u>	<u>5932.9</u>	<u>0.033</u>	<u>0.248</u>	<u>0.281</u>	<u>19367</u>
<u>50528</u>	<u>MEMORIAL HOSPITAL-LOS BANOS</u>	<u>4494.2</u>	<u>0.031</u>	<u>0.292</u>	<u>0.323</u>	<u>17377</u>
<u>50531</u>	<u>BELLEFLOWER MEDICAL CENTER</u>	<u>7475.7</u>	<u>0.015</u>	<u>0.258</u>	<u>0.273</u>	<u>20111</u>
<u>50534</u>	<u>JOHN F. KENNEDY MEMORIAL HOSP</u>	<u>6752.0</u>	<u>0.025</u>	<u>0.212</u>	<u>0.237</u>	<u>18993</u>
<u>50535</u>	<u>COASTAL COMMUNITIES HOSPITAL</u>	<u>7877.0</u>	<u>0.038</u>	<u>0.32</u>	<u>0.358</u>	<u>19361</u>
<u>50537</u>	<u>SUTTER DAVIS HOSPITAL</u>	<u>4407.9</u>	<u>0.08</u>	<u>0.284</u>	<u>0.364</u>	<u>17796</u>
<u>50539</u>	<u>REDBUD COMMUNITY HOSPITAL</u>	<u>4303.8</u>	<u>0.036</u>	<u>0.359</u>	<u>0.395</u>	<u>17377</u>
<u>50541</u>	<u>KEH - REDWOOD CITY</u>	<u>5976.1</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>23775</u>
<u>50542</u>	<u>KERN VALLEY HOSPITAL DISTRICT</u>	<u>4303.8</u>	<u>0.083</u>	<u>0.447</u>	<u>0.53</u>	<u>17378</u>
<u>50543</u>	<u>COLLEGE HOSPITAL COSTA MESA</u>	<u>7210.1</u>	<u>0.026</u>	<u>0.26</u>	<u>0.286</u>	<u>19354</u>

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<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
50545	LANTERMAN DEVELOPMENTAL CENT	5281.0	0.039	0.687	0.726	20110
50546	PORTERVILLE DEVELOPMENTAL CENT	4303.8	0.014	0.365	0.379	17377
50547	SONOMA DEVELOPMENTAL CENTER	5387.6	0.039	0.782	0.821	20840
50549	LOS ROBLES REGIONAL MED CENTER	4977.9	0.029	0.389	0.418	20075
50550	CHAPMAN MEDICAL CENTER	5626.9	0.04	0.315	0.355	19364
50551	LOS ALAMITOS MEDICAL CTR	4875.4	0.027	0.255	0.282	19356
50552	MOTION PICTURE AND TELEVIS. FUND	5057.3	0.082	0.946	1.028	20121
50557	MEMORIAL HOSPITAL MODESTO	5018.9	0.017	0.211	0.228	18043
50559	DANIEL FREEMAN MARINA HOSPITAL	5069.8	0.035	0.291	0.326	20133
50561	KAISER FOUND. HOSPITAL - WEST LA	5088.7	0.039	0.361	0.4	20129
50564	PACIFICA HOSPITAL	4863.3	0.064	0.446	0.51	19370
50566	EASTERN PLUMAS DISTRICT HOSP	4303.8	0.032	0.387	0.419	17377
50567	MISSION HOSP REGIONAL MED CTR	4873.4	0.035	0.274	0.309	19365
50568	MADERA COMMUNITY HOSPITAL	5863.2	0.02	0.47	0.49	17680
50569	MENDOCINO COAST DISTRICT HOSP	5083.2	0.053	0.598	0.651	20832
50570	FOUNTAIN VALLEY REG MED CENTER	6380.7	0.013	0.273	0.286	19332
50571	SUBURBAN MEDICAL CENTER	8142.0	0.038	0.23	0.268	20148
50573	EISENHOWER MEMORIAL HOSPITAL	4779.7	0.064	0.328	0.392	19022
50575	TRI-CITY REGIONAL MEDICAL CENTER	6475.1	0.039	0.365	0.404	20128
50577	SANTA MARTA HOSPITAL	7722.8	0.023	0.458	0.481	20107
50578	MARTIN LUTHER KING, JR./DREW MED	10471.7	0.019	0.338	0.357	20110
50579	CENTURY CITY HOSP	5317.2	0.055	0.235	0.29	20169
50580	LA PALMA INTERCOMMUNITY HOSP	5889.6	0.033	0.257	0.29	19365
50581	LAKEWOOD REGIONAL MED. CTR.	5585.0	0.031	0.25	0.281	20134
50583	ALVARADO COMMUNITY HOSPITAL	5628.4	0.035	0.245	0.28	19833
50584	US FAMILY CARE MEDICAL CENTER	5954.8	0.043	0.239	0.282	19016
50585	SAN CLEMENTE HOSPITAL	4863.3	0.094	0.51	0.604	19385
50586	CHINO VALLEY MEDICAL CENTER	5966.5	0.035	0.329	0.364	18989
50588	SAN DIMAS COMMUNITY HOSPITAL	5057.3	0.028	0.235	0.263	20133
50589	PLACENTIA LINDA COMMUNITY HOSP	4872.5	0.041	0.311	0.352	19366
50590	METHODIST HOSP OF SACRAMENTO	6464.5	0.028	0.356	0.384	20024
50591	MONTEREY PARK HOSPITAL	7802.9	0.03641	0.222	0.25841	20148
50592	BREA COMMUNITY HOSPITAL	4876.0	0.029	0.285	0.314	19355
50594	WESTERN MEDICAL CENTER ANAHEIM	6282.6	0.062	0.302	0.364	19392
50597	FOOTHILL PRESBYTERIAN HOSPITAL	5389.1	0.031	0.398	0.429	20118
50598	MISSION BAY MEMORIAL HOSPITAL	4979.7	0.027	0.352	0.379	19808
50599	UC DAVIS MEDICAL CENTER	9301.9	0.039	0.361	0.4	20035
50601	TARZANA ENCINO REGIONAL MED CTR	5670.2	0.028	0.361	0.389	20118

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
50603	SADDLEBACK MEMORIAL MED CENTER	4871.2	0.026	0.387	0.413	19341
50604	KFH - SANTA TERESA	5536.5	0.039	0.361	0.4	22024
50608	DELANO REGIONAL MEDICAL CNT	6006.5	0.029	0.266	0.295	17377
50609	KAISER FOUND HOSPITALS - ANAHEIM	5468.5	0.039	0.361	0.4	20129
50613	SETON COASTSIDE HOSPITAL	5729.5	0.039	0.365	0.404	22801
50615	GREATER EL MONTE COMM HOSP	8024.6	0.048	0.244	0.292	20158
50616	ST. JOHN'S PLEASANT VALLEY HOSP	4494.1	0.027	0.347	0.374	18146
50618	BEAR VALLEY COMMUNITY HOSPITAL	4770.8	0.042	0.645	0.687	18971
50623	HIGH DESERT HOSPITAL	5281.0	0.027	0.486	0.513	20110
50624	HENRY MAYO NEWHALL MEM HOSP	5067.0	0.051	0.302	0.353	20149
50625	CEDARS-SINAI MEDICAL CENTER	6622.9	0.025	0.275	0.3	20123
50630	INLAND VALLEY REGIONAL MED CENT	4770.8	0.047	0.358	0.405	18998
50633	TWIN CITIES COMMUNITY HOSPITAL	4553.8	0.024	0.235	0.259	18386
50636	POMERADO HOSPITAL	4979.7	0.043	0.347	0.39	19826
50638	SOUTHERN MONO HEALTH CARE DIST	4303.8	0.098	0.863	0.961	17377
50641	EAST LA DOCTOR'S HOSPITAL	7814.3	0.041	0.389	0.43	20128
50643	HOSPITAL NAME NOT AVAILABLE	5710.0	0.03641	0.606	0.64241	4784
50644	LOS ANGELES METRO MED CENTER	8106.8	0.039	0.234	0.273	20148
50662	AGNEWS DEVELOPMENTAL CENTER	5778.9	0.039	0.906	0.945	22009
50663	LOS ANGELES COMMUNITY HOSPITAL	8162.8	0.018	0.327	0.345	20109
50667	NELSON M. HOLDERMAN VET'S HOME	5042.8	0.024	1.182	1.206	20374
50668	LAGUNA HONDA HOSPITAL	5729.5	0.022	0.998	1.02	22786
50670	NORTH COAST HEALTH CARE CENTERS	5159.2	0.058	0.371	0.429	20819
50674	KFH - SOUTH SACRAMENTO	5474.7	0.039	0.361	0.4	20035
50676	SURPRISE VALLEY COMM HOSPITAL	4303.8	0.062	0.804	0.866	17377
50677	KFH - WOODLAND HILLS	5392.0	0.039	0.361	0.4	20129
50678	ORANGE COAST MEM MED CENTER	4867.4	0.033	0.452	0.485	19343
50680	VACAVALLEY HOSPITAL	5042.8	0.034	0.218	0.252	20351
50682	KINGSBURG MEDICAL CENTER	4572.4	0.086	0.361	0.447	17679
50684	MENIFEE VALLEY MEDICAL CENTER	4770.8	0.048	0.265	0.313	19017
50685	SOUTH VALLEY HOSPITAL	5534.0	0.027	0.427	0.454	22014
50686	KAISER FOUND. HOSP - RIVERSIDE	5140.1	0.039	0.361	0.4	19357
50688	SAINT LOUISE HOSPITAL	5534.0	0.089	0.417	0.506	22046
50689	SAN RAMON REG. MEDICAL CENTER	5981.9	0.087	0.308	0.395	23784
50690	KFH - SANTA ROSA	5161.2	0.039	0.361	0.4	20828
50693	IRVINE MEDICAL CENTER	5021.5	0.129	0.3	0.429	19454
50694	MORENO VALLEY COMMUNITY HOSP	4981.7	0.063	0.278	0.341	19032
50695	ST. DOMINIC'S HOSPITAL	4540.3	0.072	0.38	0.452	18329

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>Provider Number</u>	<u>Hospital Name</u>	<u>Composite Factor (2001 Payment Impact File Data)</u>	<u>Capital Cost-to- Charge Ratio</u>	<u>Operating Cost-to- Charge Ratio</u>	<u>Total Cost-to- Charge Ratio</u>	<u>Hospital Specific Outlier Factor</u>
<u>50696</u>	<u>USC UNIVERSITY HOSPITAL</u>	<u>6232.7</u>	<u>0.071</u>	<u>0.278</u>	<u>0.349</u>	<u>20175</u>
<u>50697</u>	<u>PATIENT'S HOSPITAL OF REDDING</u>	<u>4858.2</u>	<u>0.076</u>	<u>0.486</u>	<u>0.562</u>	<u>19609</u>
<u>50699</u>	<u>REDDING SPECIALTY HOSPITAL</u>	<u>4858.2</u>	<u>0.06</u>	<u>0.533</u>	<u>0.593</u>	<u>19614</u>
<u>50701</u>	<u>SHARP HEALTHCARE MURRIETA</u>	<u>4979.7</u>	<u>0.045</u>	<u>0.37</u>	<u>0.415</u>	<u>19825</u>
<u>50704</u>	<u>MISSION COMMUNITY HOSPITAL</u>	<u>7949.1</u>	<u>0.03</u>	<u>0.369</u>	<u>0.399</u>	<u>20119</u>
<u>50707</u>	<u>RECOVERY INN OF MENLO PARK</u>	<u>5729.5</u>	<u>0.113</u>	<u>0.749</u>	<u>0.862</u>	<u>22807</u>
<u>50708</u>	<u>FRESNO SURGERY CENTER</u>	<u>4378.7</u>	<u>0.1</u>	<u>0.498</u>	<u>0.598</u>	<u>17679</u>
<u>50709</u>	<u>DESERT VALLEY HOSPITAL</u>	<u>4770.8</u>	<u>0.057</u>	<u>0.312</u>	<u>0.369</u>	<u>19017</u>
<u>50710</u>	<u>KEH - FRESNO</u>	<u>4379.7</u>	<u>0.03641</u>	<u>0.361</u>	<u>0.39741</u>	<u>17679</u>
<u>50713</u>	<u>LINCOLN HOSPITAL MEDICAL CENTER</u>	<u>5281.0</u>	<u>0.03641</u>	<u>0.491</u>	<u>0.52741</u>	<u>20117</u>
<u>50714</u>	<u>SUTTER MATERNITY & SURGERY CENT</u>	<u>5726.4</u>	<u>0.039</u>	<u>0.776</u>	<u>0.815</u>	<u>23142</u>
<u>50717</u>	<u>RANCHO LOS AMIGOS NATL. REHAB. CTR.</u>	<u>7608.2</u>	<u>0.04</u>	<u>0.405</u>	<u>0.445</u>	<u>20126</u>
<u>50718</u>	<u>VALLEY PLAZA DOCTORS HOSPITAL</u>	<u>4981.7</u>	<u>0.03641</u>	<u>0.361</u>	<u>0.39741</u>	<u>18986</u>
<u>50719</u>	<u>THE HEART HOSPITAL</u>	<u>4770.8</u>	<u>0.039</u>	<u>0.365</u>	<u>0.404</u>	<u>18989</u>
<u>50720</u>	<u>TUSTIN HOSPITAL & MEDICAL CENTER</u>	<u>5078.2</u>	<u>0.039</u>	<u>0.361</u>	<u>0.4</u>	<u>19357</u>
<u>50721</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5057.3</u>	<u>0.03641</u>	<u>0.382</u>	<u>0.41841</u>	<u>20124</u>
<u>50722</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>4979.7</u>	<u>0.03641</u>	<u>0.365</u>	<u>0.40141</u>	<u>19817</u>
<u>50723</u>	<u>HOSPITAL NAME NOT AVAILABLE</u>	<u>5057.3</u>	<u>0.03641</u>	<u>0.365</u>	<u>0.40141</u>	<u>20126</u>

APPENDIX B: DRG WEIGHTS AND REVISED DRG WEIGHTS 2001 Rates
(California revisions shown in italics incorporate the DWC Revised Ratios)

<u>DRG Number</u>	<u>Description</u>	<u>HCFA 2001 DRG Weights</u>	<u>DWC Revised Ratio</u>	<u>DWC Revised Weight</u>	<u>Geometric Mean LOS</u>
<u>1</u>	<u>CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA</u>	<u>3.097</u>	<u>1.000</u>	<u>3.097</u>	<u>6.3</u>
<u>2</u>	<u>CRANIOTOMY FOR TRAUMA AGE >17</u>	<u>3.1142</u>	<u>1.000</u>	<u>3.1142</u>	<u>7.3</u>
<u>3</u>	<u>CRANIOTOMY AGE 0-17</u>	<u>1.9629</u>	<u>1.000</u>	<u>1.9629</u>	<u>12.7</u>
<u>4</u>	<u>SPINAL PROCEDURES</u>	<u>2.2918</u>	<u>0.628</u>	<u>1.4399</u>	<u>4.8</u>
<u>5</u>	<u>EXTRACRANIAL VASCULAR PROCEDURES</u>	<u>1.4321</u>	<u>1.000</u>	<u>1.4321</u>	<u>2.3</u>
<u>6</u>	<u>CARPAL TUNNEL RELEASE</u>	<u>0.8246</u>	<u>1.000</u>	<u>0.8246</u>	<u>2.2</u>
<u>7</u>	<u>PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC</u>	<u>2.5919</u>	<u>1.000</u>	<u>2.5919</u>	<u>6.9</u>
<u>8</u>	<u>PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC</u>	<u>1.3948</u>	<u>0.808</u>	<u>1.1273</u>	<u>2.1</u>
<u>9</u>	<u>SPINAL DISORDERS & INJURIES</u>	<u>1.3134</u>	<u>1.000</u>	<u>1.3134</u>	<u>4.7</u>
<u>10</u>	<u>NERVOUS SYSTEM NEOPLASMS W CC</u>	<u>1.2273</u>	<u>1.000</u>	<u>1.2273</u>	<u>4.9</u>
<u>11</u>	<u>NERVOUS SYSTEM NEOPLASMS W/O CC</u>	<u>0.8345</u>	<u>1.000</u>	<u>0.8345</u>	<u>3.1</u>
<u>12</u>	<u>DEGENERATIVE NERVOUS SYSTEM DISORDERS</u>	<u>0.8925</u>	<u>1.000</u>	<u>0.8925</u>	<u>4.5</u>
<u>13</u>	<u>MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA</u>	<u>0.7644</u>	<u>1.000</u>	<u>0.7644</u>	<u>4.1</u>
<u>14</u>	<u>SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA</u>	<u>1.207</u>	<u>1.000</u>	<u>1.2070</u>	<u>4.7</u>
<u>15</u>	<u>TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS</u>	<u>0.748</u>	<u>1.000</u>	<u>0.7480</u>	<u>2.9</u>
<u>16</u>	<u>NONSPECIFIC CEREBROVASCULAR DISORDERS W CC</u>	<u>1.1652</u>	<u>1.000</u>	<u>1.1652</u>	<u>4.7</u>
<u>17</u>	<u>NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC</u>	<u>0.6539</u>	<u>1.000</u>	<u>0.6539</u>	<u>2.6</u>

<u>18</u>	<u>CRANIAL & PERIPHERAL NERVE DISORDERS W CC</u>	<u>0.96</u>	<u>1.000</u>	<u>0.9600</u>	<u>4.3</u>
<u>19</u>	<u>CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC</u>	<u>0.6963</u>	<u>1.000</u>	<u>0.6963</u>	<u>2.9</u>
<u>20</u>	<u>NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS</u>	<u>2.7744</u>	<u>1.000</u>	<u>2.7744</u>	<u>7.9</u>
<u>21</u>	<u>VIRAL MENINGITIS</u>	<u>1.4966</u>	<u>1.000</u>	<u>1.4966</u>	<u>5.2</u>
<u>22</u>	<u>HYPERTENSIVE ENCEPHALOPATHY</u>	<u>1.0082</u>	<u>1.000</u>	<u>1.0082</u>	<u>3.8</u>
<u>23</u>	<u>NONTRAUMATIC STUPOR & COMA</u>	<u>0.8027</u>	<u>1.000</u>	<u>0.8027</u>	<u>3.2</u>
<u>24</u>	<u>SEIZURE & HEADACHE AGE >17 W CC</u>	<u>0.9914</u>	<u>1.000</u>	<u>0.9914</u>	<u>3.7</u>
<u>25</u>	<u>SEIZURE & HEADACHE AGE >17 W/O CC</u>	<u>0.6043</u>	<u>0.749</u>	<u>0.4523</u>	<u>2.6</u>
<u>26</u>	<u>SEIZURE & HEADACHE AGE 0-17</u>	<u>0.6441</u>	<u>1.000</u>	<u>0.6441</u>	<u>2.4</u>
<u>27</u>	<u>TRAUMATIC STUPOR & COMA, COMA >1 HR</u>	<u>1.2912</u>	<u>1.000</u>	<u>1.2912</u>	<u>3.2</u>
<u>28</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC</u>	<u>1.3102</u>	<u>1.000</u>	<u>1.3102</u>	<u>4.5</u>
<u>29</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC</u>	<u>0.7015</u>	<u>1.003</u>	<u>0.7033</u>	<u>2.8</u>
<u>30</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17</u>	<u>0.332</u>	<u>1.000</u>	<u>0.3320</u>	<u>2</u>
<u>31</u>	<u>CONCUSSION AGE >17 W CC</u>	<u>0.8715</u>	<u>1.000</u>	<u>0.8715</u>	<u>3.1</u>
<u>32</u>	<u>CONCUSSION AGE >17 W/O CC</u>	<u>0.5422</u>	<u>0.875</u>	<u>0.4744</u>	<u>2.1</u>
<u>33</u>	<u>CONCUSSION AGE 0-17</u>	<u>0.2086</u>	<u>1.000</u>	<u>0.2086</u>	<u>1.6</u>
<u>34</u>	<u>OTHER DISORDERS OF NERVOUS SYSTEM W CC</u>	<u>1.0099</u>	<u>1.000</u>	<u>1.0099</u>	<u>3.8</u>
<u>35</u>	<u>OTHER DISORDERS OF NERVOUS SYSTEM W/O CC</u>	<u>0.6027</u>	<u>1.000</u>	<u>0.6027</u>	<u>2.7</u>
<u>36</u>	<u>RETINAL PROCEDURES</u>	<u>0.6639</u>	<u>1.000</u>	<u>0.6639</u>	<u>1.2</u>
<u>37</u>	<u>ORBITAL PROCEDURES</u>	<u>1.0016</u>	<u>1.000</u>	<u>1.0016</u>	<u>2.6</u>
<u>38</u>	<u>PRIMARY IRIS PROCEDURES</u>	<u>0.4833</u>	<u>1.000</u>	<u>0.4833</u>	<u>1.8</u>
<u>39</u>	<u>LENS PROCEDURES WITH OR WITHOUT VITRECTOMY</u>	<u>0.5778</u>	<u>1.000</u>	<u>0.5778</u>	<u>1.5</u>

<u>40</u>	<u>EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17</u>	<u>0.8635</u>	<u>1.000</u>	<u>0.8635</u>	<u>2.3</u>
<u>41</u>	<u>EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17</u>	<u>0.338</u>	<u>1.000</u>	<u>0.3380</u>	<u>1.6</u>
<u>42</u>	<u>INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS</u>	<u>0.6478</u>	<u>1.066</u>	<u>0.6906</u>	<u>1.6</u>
<u>43</u>	<u>HYPHEMA</u>	<u>0.4977</u>	<u>1.000</u>	<u>0.4977</u>	<u>2.6</u>
<u>44</u>	<u>ACUTE MAJOR EYE INFECTIONS</u>	<u>0.6337</u>	<u>1.000</u>	<u>0.6337</u>	<u>4.1</u>
<u>45</u>	<u>NEUROLOGICAL EYE DISORDERS</u>	<u>0.7022</u>	<u>1.000</u>	<u>0.7022</u>	<u>2.7</u>
<u>46</u>	<u>OTHER DISORDERS OF THE EYE AGE >17 W CC</u>	<u>0.7749</u>	<u>1.000</u>	<u>0.7749</u>	<u>3.5</u>
<u>47</u>	<u>OTHER DISORDERS OF THE EYE AGE >17 W/O CC</u>	<u>0.5085</u>	<u>1.000</u>	<u>0.5085</u>	<u>2.5</u>
<u>48</u>	<u>OTHER DISORDERS OF THE EYE AGE 0-17</u>	<u>0.2977</u>	<u>1.000</u>	<u>0.2977</u>	<u>2.9</u>
<u>49</u>	<u>MAJOR HEAD & NECK PROCEDURES</u>	<u>1.8301</u>	<u>1.000</u>	<u>1.8301</u>	<u>3.5</u>
<u>50</u>	<u>SIALOADENECTOMY</u>	<u>0.8537</u>	<u>1.000</u>	<u>0.8537</u>	<u>1.6</u>
<u>51</u>	<u>SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY</u>	<u>0.7934</u>	<u>1.000</u>	<u>0.7934</u>	<u>1.8</u>
<u>52</u>	<u>CLEFT LIP & PALATE REPAIR</u>	<u>0.841</u>	<u>1.000</u>	<u>0.8410</u>	<u>1.6</u>
<u>53</u>	<u>SINUS & MASTOID PROCEDURES AGE >17</u>	<u>1.2118</u>	<u>1.000</u>	<u>1.2118</u>	<u>2.3</u>
<u>54</u>	<u>SINUS & MASTOID PROCEDURES AGE 0-17</u>	<u>0.4826</u>	<u>1.000</u>	<u>0.4826</u>	<u>3.2</u>
<u>55</u>	<u>MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES</u>	<u>0.9039</u>	<u>1.000</u>	<u>0.9039</u>	<u>1.9</u>
<u>56</u>	<u>RHINOPLASTY</u>	<u>0.9451</u>	<u>1.000</u>	<u>0.9451</u>	<u>2.1</u>
<u>57</u>	<u>T&A PROC. EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17</u>	<u>1.0704</u>	<u>1.000</u>	<u>1.0704</u>	<u>2.5</u>
<u>58</u>	<u>T&A PROC. EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17</u>	<u>0.274</u>	<u>1.000</u>	<u>0.2740</u>	<u>1.5</u>
<u>59</u>	<u>TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17</u>	<u>0.6943</u>	<u>1.000</u>	<u>0.6943</u>	<u>1.8</u>
<u>60</u>	<u>TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17</u>	<u>0.2087</u>	<u>1.000</u>	<u>0.2087</u>	<u>1.5</u>

<u>61</u>	<u>MYRINGOTOMY W TUBE INSERTION AGE ≥17</u>	<u>1.266</u>	<u>1.000</u>	<u>1.2660</u>	<u>2.8</u>
<u>62</u>	<u>MYRINGOTOMY W TUBE INSERTION AGE 0-17</u>	<u>0.2955</u>	<u>1.000</u>	<u>0.2955</u>	<u>1.3</u>
<u>63</u>	<u>OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES</u>	<u>1.3402</u>	<u>0.875</u>	<u>1.1731</u>	<u>3</u>
<u>64</u>	<u>EAR, NOSE, MOUTH & THROAT MALIGNANCY</u>	<u>1.2288</u>	<u>1.000</u>	<u>1.2288</u>	<u>4.3</u>
<u>65</u>	<u>DYSEQUILIBRIUM</u>	<u>0.5385</u>	<u>1.000</u>	<u>0.5385</u>	<u>2.3</u>
<u>66</u>	<u>EPISTAXIS</u>	<u>0.559</u>	<u>1.000</u>	<u>0.5590</u>	<u>2.5</u>
<u>67</u>	<u>EPIGLOTTITIS</u>	<u>0.8105</u>	<u>1.000</u>	<u>0.8105</u>	<u>2.8</u>
<u>68</u>	<u>OTITIS MEDIA & URI AGE >17 W CC</u>	<u>0.675</u>	<u>1.000</u>	<u>0.6750</u>	<u>3.4</u>
<u>69</u>	<u>OTITIS MEDIA & URI AGE >17 W/O CC</u>	<u>0.5152</u>	<u>1.000</u>	<u>0.5152</u>	<u>2.7</u>
<u>70</u>	<u>OTITIS MEDIA & URI AGE 0-17</u>	<u>0.4628</u>	<u>1.000</u>	<u>0.4628</u>	<u>2.4</u>
<u>71</u>	<u>LARYNGOTRACHEITIS</u>	<u>0.7712</u>	<u>1.000</u>	<u>0.7712</u>	<u>3</u>
<u>72</u>	<u>NASAL TRAUMA & DEFORMITY</u>	<u>0.6428</u>	<u>1.000</u>	<u>0.6428</u>	<u>2.6</u>
<u>73</u>	<u>OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17</u>	<u>0.7777</u>	<u>1.000</u>	<u>0.7777</u>	<u>3.3</u>
<u>74</u>	<u>OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17</u>	<u>0.3358</u>	<u>1.000</u>	<u>0.3358</u>	<u>2.1</u>
<u>75</u>	<u>MAJOR CHEST PROCEDURES</u>	<u>3.1331</u>	<u>1.000</u>	<u>3.1331</u>	<u>7.8</u>
<u>76</u>	<u>OTHER RESP SYSTEM O.R. PROCEDURES W CC</u>	<u>2.7908</u>	<u>1.000</u>	<u>2.7908</u>	<u>8.4</u>
<u>77</u>	<u>OTHER RESP SYSTEM O.R. PROCEDURES W/O CC</u>	<u>1.1887</u>	<u>1.000</u>	<u>1.1887</u>	<u>3.5</u>
<u>78</u>	<u>PULMONARY EMBOLISM</u>	<u>1.3698</u>	<u>1.000</u>	<u>1.3698</u>	<u>6</u>
<u>79</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC</u>	<u>1.6501</u>	<u>1.000</u>	<u>1.6501</u>	<u>6.6</u>
<u>80</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC</u>	<u>0.9373</u>	<u>1.000</u>	<u>0.9373</u>	<u>4.7</u>
<u>81</u>	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17</u>	<u>1.5204</u>	<u>1.000</u>	<u>1.5204</u>	<u>6.1</u>

<u>82</u>	<u>RESPIRATORY NEOPLASMS</u>	<u>1.3799</u>	<u>1.000</u>	<u>1.3799</u>	<u>5.2</u>
<u>83</u>	<u>MAJOR CHEST TRAUMA W CC</u>	<u>0.9808</u>	<u>1.000</u>	<u>0.9808</u>	<u>4.4</u>
<u>84</u>	<u>MAJOR CHEST TRAUMA W/O CC</u>	<u>0.5539</u>	<u>1.000</u>	<u>0.5539</u>	<u>2.8</u>
<u>85</u>	<u>PLEURAL EFFUSION W CC</u>	<u>1.2198</u>	<u>1.000</u>	<u>1.2198</u>	<u>4.9</u>
<u>86</u>	<u>PLEURAL EFFUSION W/O CC</u>	<u>0.6984</u>	<u>1.000</u>	<u>0.6984</u>	<u>2.9</u>
<u>87</u>	<u>PULMONARY EDEMA & RESPIRATORY FAILURE</u>	<u>1.3781</u>	<u>1.000</u>	<u>1.3781</u>	<u>4.8</u>
<u>88</u>	<u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u>	<u>0.9317</u>	<u>1.000</u>	<u>0.9317</u>	<u>4.2</u>
<u>89</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC</u>	<u>1.0647</u>	<u>1.000</u>	<u>1.0647</u>	<u>5</u>
<u>90</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC</u>	<u>0.659</u>	<u>1.000</u>	<u>0.6590</u>	<u>3.6</u>
<u>91</u>	<u>SIMPLE PNEUMONIA & PLEURISY AGE 0-17</u>	<u>0.689</u>	<u>1.000</u>	<u>0.6890</u>	<u>2.8</u>
<u>92</u>	<u>INTERSTITIAL LUNG DISEASE W CC</u>	<u>1.1863</u>	<u>1.000</u>	<u>1.1863</u>	<u>5</u>
<u>93</u>	<u>INTERSTITIAL LUNG DISEASE W/O CC</u>	<u>0.7309</u>	<u>1.000</u>	<u>0.7309</u>	<u>3.3</u>
<u>94</u>	<u>PNEUMOTHORAX W CC</u>	<u>1.1704</u>	<u>1.000</u>	<u>1.1704</u>	<u>4.8</u>
<u>95</u>	<u>PNEUMOTHORAX W/O CC</u>	<u>0.6098</u>	<u>1.000</u>	<u>0.6098</u>	<u>3</u>
<u>96</u>	<u>BRONCHITIS & ASTHMA AGE >17 W CC</u>	<u>0.7871</u>	<u>1.000</u>	<u>0.7871</u>	<u>3.9</u>
<u>97</u>	<u>BRONCHITIS & ASTHMA AGE >17 W/O CC</u>	<u>0.5873</u>	<u>1.000</u>	<u>0.5873</u>	<u>3.1</u>
<u>98</u>	<u>BRONCHITIS & ASTHMA AGE 0-17</u>	<u>0.8768</u>	<u>1.000</u>	<u>0.8768</u>	<u>3.2</u>
<u>99</u>	<u>RESPIRATORY SIGNS & SYMPTOMS W CC</u>	<u>0.7117</u>	<u>1.000</u>	<u>0.7117</u>	<u>2.5</u>
<u>100</u>	<u>RESPIRATORY SIGNS & SYMPTOMS W/O CC</u>	<u>0.5437</u>	<u>1.000</u>	<u>0.5437</u>	<u>1.8</u>
<u>101</u>	<u>OTHER RESPIRATORY SYSTEM DIAGNOSES W CC</u>	<u>0.8563</u>	<u>1.000</u>	<u>0.8563</u>	<u>3.3</u>
<u>102</u>	<u>OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC</u>	<u>0.555</u>	<u>1.000</u>	<u>0.5550</u>	<u>2.1</u>
<u>103</u>	<u>HEART TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>104</u>	<u>CARDIAC VALVE PROCEDURES W CARDIAC CATH</u>	<u>7.1843</u>	<u>1.000</u>	<u>7.1843</u>	<u>8.9</u>
<u>105</u>	<u>CARDIAC VALVE PROCEDURES W/O CARDIAC CATH</u>	<u>5.6567</u>	<u>1.000</u>	<u>5.6567</u>	<u>7.4</u>

<u>106</u>	<u>CORONARY BYPASS W CARDIAC CATH</u>	<u>7.5203</u>	<u>1.000</u>	<u>7.5203</u>	<u>9.3</u>
<u>107</u>	<u>CORONARY BYPASS W/O CARDIAC CATH</u>	<u>5.3762</u>	<u>1.000</u>	<u>5.3762</u>	<u>9.2</u>
<u>108</u>	<u>OTHER CARDIOTHORACIC PROCEDURES</u>	<u>5.6525</u>	<u>1.000</u>	<u>5.6525</u>	<u>8</u>
<u>109</u>	<u>NO LONGER VALID</u>	<u>4.0198</u>	<u>1.000</u>	<u>4.0198</u>	<u>6.8</u>
<u>110</u>	<u>MAJOR CARDIOVASCULAR PROCEDURES W CC</u>	<u>4.1358</u>	<u>1.000</u>	<u>4.1358</u>	<u>7.1</u>
<u>111</u>	<u>MAJOR CARDIOVASCULAR PROCEDURES W/O CC</u>	<u>2.241</u>	<u>1.000</u>	<u>2.2410</u>	<u>4.7</u>
<u>112</u>	<u>PERCUTANEOUS CARDIOVASCULAR PROCEDURES</u>	<u>1.8677</u>	<u>0.841</u>	<u>1.5705</u>	<u>2.6</u>
<u>113</u>	<u>AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE</u>	<u>2.7806</u>	<u>1.000</u>	<u>2.7806</u>	<u>9.8</u>
<u>114</u>	<u>UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS</u>	<u>1.5656</u>	<u>1.000</u>	<u>1.5656</u>	<u>6</u>
<u>115</u>	<u>PERM PACE IMPLNT W AMLHRT FAIL OR SHOCK OR AICD LEAD OR GEN PROC</u>	<u>3.4711</u>	<u>1.000</u>	<u>3.4711</u>	<u>6</u>
<u>116</u>	<u>OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT</u>	<u>2.419</u>	<u>1.000</u>	<u>2.4190</u>	<u>2.6</u>
<u>117</u>	<u>CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT</u>	<u>1.2966</u>	<u>1.000</u>	<u>1.2966</u>	<u>2.6</u>
<u>118</u>	<u>CARDIAC PACEMAKER DEVICE REPLACEMENT</u>	<u>1.4939</u>	<u>1.000</u>	<u>1.4939</u>	<u>1.9</u>
<u>119</u>	<u>VEIN LIGATION & STRIPPING</u>	<u>1.26</u>	<u>1.000</u>	<u>1.2600</u>	<u>2.9</u>
<u>120</u>	<u>OTHER CIRCULATORY SYSTEM O.R. PROCEDURES</u>	<u>2.0352</u>	<u>1.000</u>	<u>2.0352</u>	<u>4.9</u>
<u>121</u>	<u>CIRCULATORY DISORDERS W AMI & MAJOR COMP DISCH ALIVE</u>	<u>1.6194</u>	<u>1.000</u>	<u>1.6194</u>	<u>5.5</u>
<u>122</u>	<u>CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE</u>	<u>1.0884</u>	<u>1.000</u>	<u>1.0884</u>	<u>3.3</u>
<u>123</u>	<u>CIRCULATORY DISORDERS W AMI. EXPIRED</u>	<u>1.5528</u>	<u>1.000</u>	<u>1.5528</u>	<u>2.8</u>

<u>124</u>	<u>CIRCULATORY DISORDERS EXCEPT AMI. W CARD CATH & COMPLEX DIAG</u>	<u>1.4134</u>	<u>1.000</u>	<u>1.4134</u>	<u>3.3</u>
<u>125</u>	<u>CIRCULATORY DISORDERS EXCEPT AMI. W CARD CATH W/O COMPLEX DIAG</u>	<u>1.0606</u>	<u>1.000</u>	<u>1.0606</u>	<u>2.2</u>
<u>126</u>	<u>ACUTE & SUBACUTE ENDOCARDITIS</u>	<u>2.5379</u>	<u>1.000</u>	<u>2.5379</u>	<u>9.3</u>
<u>127</u>	<u>HEART FAILURE & SHOCK</u>	<u>1.013</u>	<u>1.000</u>	<u>1.0130</u>	<u>4.2</u>
<u>128</u>	<u>DEEP VEIN THROMBOPHLEBITIS</u>	<u>0.7651</u>	<u>1.000</u>	<u>0.7651</u>	<u>5</u>
<u>129</u>	<u>CARDIAC ARREST, UNEXPLAINED</u>	<u>1.0968</u>	<u>1.000</u>	<u>1.0968</u>	<u>1.8</u>
<u>130</u>	<u>PERIPHERAL VASCULAR DISORDERS W CC</u>	<u>0.9471</u>	<u>1.000</u>	<u>0.9471</u>	<u>4.7</u>
<u>131</u>	<u>PERIPHERAL VASCULAR DISORDERS W/O CC</u>	<u>0.5898</u>	<u>1.000</u>	<u>0.5898</u>	<u>3.6</u>
<u>132</u>	<u>ATHEROSCLEROSIS W CC</u>	<u>0.6707</u>	<u>1.000</u>	<u>0.6707</u>	<u>2.4</u>
<u>133</u>	<u>ATHEROSCLEROSIS W/O CC</u>	<u>0.5663</u>	<u>1.000</u>	<u>0.5663</u>	<u>1.9</u>
<u>134</u>	<u>HYPERTENSION</u>	<u>0.5917</u>	<u>1.000</u>	<u>0.5917</u>	<u>2.6</u>
<u>135</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC</u>	<u>0.9083</u>	<u>1.000</u>	<u>0.9083</u>	<u>3.3</u>
<u>136</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC</u>	<u>0.6065</u>	<u>1.000</u>	<u>0.6065</u>	<u>2.2</u>
<u>137</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17</u>	<u>0.8192</u>	<u>1.000</u>	<u>0.8192</u>	<u>3.3</u>
<u>138</u>	<u>CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC</u>	<u>0.8291</u>	<u>1.000</u>	<u>0.8291</u>	<u>3.1</u>
<u>139</u>	<u>CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC</u>	<u>0.5141</u>	<u>1.000</u>	<u>0.5141</u>	<u>2</u>
<u>140</u>	<u>ANGINA PECTORIS</u>	<u>0.574</u>	<u>0.783</u>	<u>0.4497</u>	<u>2.2</u>
<u>141</u>	<u>SYNCOPE & COLLAPSE W CC</u>	<u>0.7219</u>	<u>1.000</u>	<u>0.7219</u>	<u>2.9</u>
<u>142</u>	<u>SYNCOPE & COLLAPSE W/O CC</u>	<u>0.5552</u>	<u>1.000</u>	<u>0.5552</u>	<u>2.2</u>
<u>143</u>	<u>CHEST PAIN</u>	<u>0.5402</u>	<u>0.842</u>	<u>0.4547</u>	<u>1.8</u>
<u>144</u>	<u>OTHER CIRCULATORY SYSTEM DIAGNOSES W CC</u>	<u>1.1668</u>	<u>1.000</u>	<u>1.1668</u>	<u>3.8</u>
<u>145</u>	<u>OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC</u>	<u>0.6322</u>	<u>1.000</u>	<u>0.6322</u>	<u>2.2</u>

<u>146</u>	<u>RECTAL RESECTION W CC</u>	<u>2.743</u>	<u>1.000</u>	<u>2.7430</u>	<u>8.9</u>
<u>147</u>	<u>RECTAL RESECTION W/O CC</u>	<u>1.6221</u>	<u>1.000</u>	<u>1.6221</u>	<u>6</u>
<u>148</u>	<u>MAJOR SMALL & LARGE BOWEL PROCEDURES W CC</u>	<u>3.4347</u>	<u>1.000</u>	<u>3.4347</u>	<u>10.1</u>
<u>149</u>	<u>MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC</u>	<u>1.5667</u>	<u>1.000</u>	<u>1.5667</u>	<u>6.1</u>
<u>150</u>	<u>PERITONEAL ADHESIOLYSIS W CC</u>	<u>2.8523</u>	<u>1.000</u>	<u>2.8523</u>	<u>9.1</u>
<u>151</u>	<u>PERITONEAL ADHESIOLYSIS W/O CC</u>	<u>1.3427</u>	<u>1.000</u>	<u>1.3427</u>	<u>4.8</u>
<u>152</u>	<u>MINOR SMALL & LARGE BOWEL PROCEDURES W CC</u>	<u>1.9462</u>	<u>1.000</u>	<u>1.9462</u>	<u>6.8</u>
<u>153</u>	<u>MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC</u>	<u>1.208</u>	<u>1.000</u>	<u>1.2080</u>	<u>4.9</u>
<u>154</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC</u>	<u>4.1475</u>	<u>1.000</u>	<u>4.1475</u>	<u>10.1</u>
<u>155</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC</u>	<u>1.3751</u>	<u>1.000</u>	<u>1.3751</u>	<u>3.3</u>
<u>156</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17</u>	<u>0.8436</u>	<u>1.000</u>	<u>0.8436</u>	<u>6</u>
<u>157</u>	<u>ANAL & STOMAL PROCEDURES W CC</u>	<u>1.2388</u>	<u>1.000</u>	<u>1.2388</u>	<u>3.9</u>
<u>158</u>	<u>ANAL & STOMAL PROCEDURES W/O CC</u>	<u>0.6638</u>	<u>1.000</u>	<u>0.6638</u>	<u>2.1</u>
<u>159</u>	<u>HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC</u>	<u>1.3347</u>	<u>1.000</u>	<u>1.3347</u>	<u>3.8</u>
<u>160</u>	<u>HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC</u>	<u>0.7837</u>	<u>0.902</u>	<u>0.7066</u>	<u>2.2</u>
<u>161</u>	<u>INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC</u>	<u>1.1017</u>	<u>1.000</u>	<u>1.1017</u>	<u>2.9</u>
<u>162</u>	<u>INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC</u>	<u>0.6229</u>	<u>0.867</u>	<u>0.5402</u>	<u>1.6</u>
<u>163</u>	<u>HERNIA PROCEDURES AGE 0-17</u>	<u>0.6921</u>	<u>1.000</u>	<u>0.6921</u>	<u>2.4</u>
<u>164</u>	<u>APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC</u>	<u>2.376</u>	<u>1.000</u>	<u>2.3760</u>	<u>7.1</u>

<u>165</u>	<u>APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC</u>	<u>1.2838</u>	<u>1.000</u>	<u>1.2838</u>	<u>4.3</u>
<u>166</u>	<u>APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC</u>	<u>1.4802</u>	<u>1.000</u>	<u>1.4802</u>	<u>4</u>
<u>167</u>	<u>APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC</u>	<u>0.8937</u>	<u>1.000</u>	<u>0.8937</u>	<u>2.3</u>
<u>168</u>	<u>MOUTH PROCEDURES W CC</u>	<u>1.2141</u>	<u>1.000</u>	<u>1.2141</u>	<u>3.2</u>
<u>169</u>	<u>MOUTH PROCEDURES W/O CC</u>	<u>0.7455</u>	<u>1.000</u>	<u>0.7455</u>	<u>1.9</u>
<u>170</u>	<u>OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC</u>	<u>2.8686</u>	<u>1.000</u>	<u>2.8686</u>	<u>7.7</u>
<u>171</u>	<u>OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC</u>	<u>1.1975</u>	<u>1.000</u>	<u>1.1975</u>	<u>3.6</u>
<u>172</u>	<u>DIGESTIVE MALIGNANCY W CC</u>	<u>1.3485</u>	<u>1.000</u>	<u>1.3485</u>	<u>5.1</u>
<u>173</u>	<u>DIGESTIVE MALIGNANCY W/O CC</u>	<u>0.77</u>	<u>1.000</u>	<u>0.7700</u>	<u>2.8</u>
<u>174</u>	<u>G.I. HEMORRHAGE W CC</u>	<u>0.9985</u>	<u>1.000</u>	<u>0.9985</u>	<u>3.9</u>
<u>175</u>	<u>G.I. HEMORRHAGE W/O CC</u>	<u>0.5501</u>	<u>1.000</u>	<u>0.5501</u>	<u>2.5</u>
<u>176</u>	<u>COMPLICATED PEPTIC ULCER</u>	<u>1.1052</u>	<u>1.000</u>	<u>1.1052</u>	<u>4.1</u>
<u>177</u>	<u>UNCOMPLICATED PEPTIC ULCER W CC</u>	<u>0.8998</u>	<u>1.000</u>	<u>0.8998</u>	<u>3.7</u>
<u>178</u>	<u>UNCOMPLICATED PEPTIC ULCER W/O CC</u>	<u>0.6604</u>	<u>1.000</u>	<u>0.6604</u>	<u>2.6</u>
<u>179</u>	<u>INFLAMMATORY BOWEL DISEASE</u>	<u>1.0576</u>	<u>1.000</u>	<u>1.0576</u>	<u>4.7</u>
<u>180</u>	<u>G.I. OBSTRUCTION W CC</u>	<u>0.9423</u>	<u>1.000</u>	<u>0.9423</u>	<u>4.2</u>
<u>181</u>	<u>G.I. OBSTRUCTION W/O CC</u>	<u>0.5304</u>	<u>1.000</u>	<u>0.5304</u>	<u>2.8</u>
<u>182</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC</u>	<u>0.7922</u>	<u>1.000</u>	<u>0.7922</u>	<u>3.4</u>
<u>183</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC</u>	<u>0.5717</u>	<u>1.000</u>	<u>0.5717</u>	<u>2.4</u>
<u>184</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17</u>	<u>0.5119</u>	<u>1.000</u>	<u>0.5119</u>	<u>2.5</u>
<u>185</u>	<u>DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17</u>	<u>0.8621</u>	<u>1.000</u>	<u>0.8621</u>	<u>3.3</u>
<u>186</u>	<u>DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17</u>	<u>0.3216</u>	<u>1.000</u>	<u>0.3216</u>	<u>2.9</u>

<u>187</u>	<u>DENTAL EXTRACTIONS & RESTORATIONS</u>	<u>0.7649</u>	<u>1.000</u>	<u>0.7649</u>	<u>2.9</u>
<u>188</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES</u> <u>AGE >17 W CC</u>	<u>1.1005</u>	<u>1.000</u>	<u>1.1005</u>	<u>4.1</u>
<u>189</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES</u> <u>AGE >17 W/O CC</u>	<u>0.5796</u>	<u>1.000</u>	<u>0.5796</u>	<u>2.4</u>
<u>190</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES</u> <u>AGE 0-17</u>	<u>0.9884</u>	<u>1.000</u>	<u>0.9884</u>	<u>4.1</u>
<u>191</u>	<u>PANCREAS. LIVER & SHUNT PROCEDURES</u> <u>W CC</u>	<u>4.3914</u>	<u>1.000</u>	<u>4.3914</u>	<u>10.5</u>
<u>192</u>	<u>PANCREAS. LIVER & SHUNT PROCEDURES</u> <u>W/O CC</u>	<u>1.7916</u>	<u>1.000</u>	<u>1.7916</u>	<u>5.3</u>
<u>193</u>	<u>BILIARY TRACT PROC EXCEPT ONLY</u> <u>CHOLECYST W OR W/O C.D.E. W CC</u>	<u>3.3861</u>	<u>1.000</u>	<u>3.3861</u>	<u>10.3</u>
<u>194</u>	<u>BILIARY TRACT PROC EXCEPT ONLY</u> <u>CHOLECYST W OR W/O C.D.E. W/O CC</u>	<u>1.6191</u>	<u>1.000</u>	<u>1.6191</u>	<u>5.6</u>
<u>195</u>	<u>CHOLECYSTECTOMY W C.D.E. W CC</u>	<u>2.9062</u>	<u>1.000</u>	<u>2.9062</u>	<u>8.3</u>
<u>196</u>	<u>CHOLECYSTECTOMY W C.D.E. W/O CC</u>	<u>1.6593</u>	<u>1.000</u>	<u>1.6593</u>	<u>4.9</u>
<u>197</u>	<u>CHOLECYSTECTOMY EXCEPT BY</u> <u>LAPAROSCOPE W/O C.D.E. W CC</u>	<u>2.4544</u>	<u>1.000</u>	<u>2.4544</u>	<u>7.2</u>
<u>198</u>	<u>CHOLECYSTECTOMY EXCEPT BY</u> <u>LAPAROSCOPE W/O C.D.E. W/O CC</u>	<u>1.2339</u>	<u>1.000</u>	<u>1.2339</u>	<u>3.9</u>
<u>199</u>	<u>HEPATOBIILIARY DIAGNOSTIC PROCEDURE</u> <u>FOR MALIGNANCY</u>	<u>2.3584</u>	<u>1.000</u>	<u>2.3584</u>	<u>7.2</u>
<u>200</u>	<u>HEPATOBIILIARY DIAGNOSTIC PROCEDURE</u> <u>FOR NON-MALIGNANCY</u>	<u>3.2262</u>	<u>1.000</u>	<u>3.2262</u>	<u>7</u>
<u>201</u>	<u>OTHER HEPATOBIILIARY OR PANCREAS O.R.</u> <u>PROCEDURES</u>	<u>3.4035</u>	<u>1.000</u>	<u>3.4035</u>	<u>10.2</u>
<u>202</u>	<u>CIRRHOSIS & ALCOHOLIC HEPATITIS</u>	<u>1.3001</u>	<u>1.000</u>	<u>1.3001</u>	<u>4.9</u>
<u>203</u>	<u>MALIGNANCY OF HEPATOBIILIARY SYSTEM</u> <u>OR PANCREAS</u>	<u>1.325</u>	<u>1.000</u>	<u>1.3250</u>	<u>5</u>
<u>204</u>	<u>DISORDERS OF PANCREAS EXCEPT</u> <u>MALIGNANCY</u>	<u>1.2018</u>	<u>1.000</u>	<u>1.2018</u>	<u>4.5</u>

<u>205</u>	<u>DISORDERS OF LIVER EXCEPT</u> <u>MALIG.CIRR.ALC HEPA W CC</u>	<u>1.2048</u>	<u>1.000</u>	<u>1.2048</u>	<u>4.7</u>
<u>206</u>	<u>DISORDERS OF LIVER EXCEPT</u> <u>MALIG.CIRR.ALC HEPA W/O CC</u>	<u>0.6751</u>	<u>1.000</u>	<u>0.6751</u>	<u>3</u>
<u>207</u>	<u>DISORDERS OF THE BILIARY TRACT W CC</u>	<u>1.1032</u>	<u>1.000</u>	<u>1.1032</u>	<u>4</u>
<u>208</u>	<u>DISORDERS OF THE BILIARY TRACT W/O CC</u>	<u>0.6538</u>	<u>1.000</u>	<u>0.6538</u>	<u>2.3</u>
<u>209</u>	<u>MAJOR JOINT & LIMB REATTACHMENT</u> <u>PROCEDURES OF LOWER EXTREMITY</u>	<u>2.0912</u>	<u>0.950</u>	<u>1.9866</u>	<u>4.6</u>
<u>210</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR</u> <u>JOINT AGE >17 W CC</u>	<u>1.8152</u>	<u>1.180</u>	<u>2.1419</u>	<u>6</u>
<u>211</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR</u> <u>JOINT AGE >17 W/O CC</u>	<u>1.2647</u>	<u>0.973</u>	<u>1.2300</u>	<u>4.5</u>
<u>212</u>	<u>HIP & FEMUR PROCEDURES EXCEPT MAJOR</u> <u>JOINT AGE 0-17</u>	<u>0.8472</u>	<u>1.000</u>	<u>0.8472</u>	<u>11.1</u>
<u>213</u>	<u>AMPUTATION FOR MUSCULOSKELETAL</u> <u>SYSTEM & CONN TISSUE DISORDERS</u>	<u>1.7726</u>	<u>1.000</u>	<u>1.7726</u>	<u>6.4</u>
<u>214</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.967</u>	<u>0.0000</u>	<u>0</u>
<u>215</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.956</u>	<u>0.0000</u>	<u>0</u>
<u>216</u>	<u>BIOPSIES OF MUSCULOSKELETAL SYSTEM</u> <u>& CONNECTIVE TISSUE</u>	<u>2.2042</u>	<u>1.000</u>	<u>2.2042</u>	<u>7.1</u>
<u>217</u>	<u>WND DEBRID & SKN GFT EXCEPT</u> <u>HAND.FOR MUSCSKELET & CONN TISS DIS</u>	<u>2.923</u>	<u>0.572</u>	<u>1.6711</u>	<u>8.9</u>
<u>218</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT</u> <u>HIP.FOOT.FEMUR AGE >17 W CC</u>	<u>1.5337</u>	<u>1.030</u>	<u>1.5794</u>	<u>4.2</u>
<u>219</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT</u> <u>HIP.FOOT.FEMUR AGE >17 W/O CC</u>	<u>1.0255</u>	<u>0.968</u>	<u>0.9928</u>	<u>2.7</u>
<u>220</u>	<u>LOWER EXTREM & HUMER PROC EXCEPT</u> <u>HIP.FOOT.FEMUR AGE 0-17</u>	<u>0.5844</u>	<u>1.000</u>	<u>0.5844</u>	<u>5.3</u>
<u>221</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>0.818</u>	<u>0.0000</u>	<u>0</u>
<u>222</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.038</u>	<u>0.0000</u>	<u>0</u>

<u>223</u>	<u>MAJOR SHOULDER/ELBOW PROC. OR OTHER UPPER EXTREMITY PROC W CC</u>	<u>0.9585</u>	<u>0.885</u>	<u>0.8483</u>	<u>2</u>
<u>224</u>	<u>SHOULDER, ELBOW OR FOREARM PROC. EXC MAJOR JOINT PROC. W/O CC</u>	<u>0.7997</u>	<u>1.012</u>	<u>0.8095</u>	<u>1.7</u>
<u>225</u>	<u>FOOT PROCEDURES</u>	<u>1.0851</u>	<u>1.001</u>	<u>1.0860</u>	<u>3.3</u>
<u>226</u>	<u>SOFT TISSUE PROCEDURES W CC</u>	<u>1.477</u>	<u>1.000</u>	<u>1.4770</u>	<u>4.3</u>
<u>227</u>	<u>SOFT TISSUE PROCEDURES W/O CC</u>	<u>0.8036</u>	<u>0.944</u>	<u>0.7588</u>	<u>2.1</u>
<u>228</u>	<u>MAJOR THUMB OR JOINT PROC. OR OTH HAND OR WRIST PROC W CC</u>	<u>1.0664</u>	<u>0.906</u>	<u>0.9665</u>	<u>2.4</u>
<u>229</u>	<u>HAND OR WRIST PROC. EXCEPT MAJOR JOINT PROC. W/O CC</u>	<u>0.7169</u>	<u>1.037</u>	<u>0.7432</u>	<u>1.8</u>
<u>230</u>	<u>LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR</u>	<u>1.249</u>	<u>1.000</u>	<u>1.2490</u>	<u>3.4</u>
<u>231</u>	<u>LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR</u>	<u>1.3825</u>	<u>0.734</u>	<u>1.0149</u>	<u>3.2</u>
<u>232</u>	<u>ARTHROSCOPY</u>	<u>1.0828</u>	<u>0.817</u>	<u>0.8842</u>	<u>2.3</u>
<u>233</u>	<u>OTHER MUSCULOSKELET SYS & CONN TISS Q.R. PROC W CC</u>	<u>2.089</u>	<u>1.000</u>	<u>2.0890</u>	<u>5.3</u>
<u>234</u>	<u>OTHER MUSCULOSKELET SYS & CONN TISS Q.R. PROC W/O CC</u>	<u>1.2661</u>	<u>0.813</u>	<u>1.0297</u>	<u>2.7</u>
<u>235</u>	<u>FRACTURES OF FEMUR</u>	<u>0.7582</u>	<u>1.000</u>	<u>0.7582</u>	<u>3.8</u>
<u>236</u>	<u>FRACTURES OF HIP & PELVIS</u>	<u>0.7218</u>	<u>0.979</u>	<u>0.7066</u>	<u>4</u>
<u>237</u>	<u>SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH</u>	<u>0.5681</u>	<u>1.000</u>	<u>0.5681</u>	<u>3</u>
<u>238</u>	<u>OSTEOMYELITIS</u>	<u>1.3496</u>	<u>1.000</u>	<u>1.3496</u>	<u>6.4</u>
<u>239</u>	<u>PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY</u>	<u>0.9745</u>	<u>1.000</u>	<u>0.9745</u>	<u>4.9</u>
<u>240</u>	<u>CONNECTIVE TISSUE DISORDERS W CC</u>	<u>1.2712</u>	<u>1.000</u>	<u>1.2712</u>	<u>4.9</u>
<u>241</u>	<u>CONNECTIVE TISSUE DISORDERS W/O CC</u>	<u>0.6177</u>	<u>1.000</u>	<u>0.6177</u>	<u>3.1</u>
<u>242</u>	<u>SEPTIC ARTHRITIS</u>	<u>1.0724</u>	<u>1.000</u>	<u>1.0724</u>	<u>5.1</u>
<u>243</u>	<u>MEDICAL BACK PROBLEMS</u>	<u>0.7262</u>	<u>0.761</u>	<u>0.5526</u>	<u>3.7</u>

<u>244</u>	<u>BONE DISEASES & SPECIFIC ARTHROPATHIES W CC</u>	<u>0.7155</u>	<u>1.000</u>	<u>0.7155</u>	<u>3.7</u>
<u>245</u>	<u>BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC</u>	<u>0.4832</u>	<u>1.000</u>	<u>0.4832</u>	<u>2.8</u>
<u>246</u>	<u>NON-SPECIFIC ARTHROPATHIES</u>	<u>0.557</u>	<u>1.000</u>	<u>0.5570</u>	<u>2.9</u>
<u>247</u>	<u>SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE</u>	<u>0.5696</u>	<u>1.000</u>	<u>0.5696</u>	<u>2.6</u>
<u>248</u>	<u>TENDONITIS, MYOSITIS & BURSITIS</u>	<u>0.7864</u>	<u>1.000</u>	<u>0.7864</u>	<u>3.7</u>
<u>249</u>	<u>AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE</u>	<u>0.6913</u>	<u>1.000</u>	<u>0.6913</u>	<u>2.6</u>
<u>250</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC</u>	<u>0.6929</u>	<u>1.000</u>	<u>0.6929</u>	<u>3.3</u>
<u>251</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC</u>	<u>0.4995</u>	<u>0.901</u>	<u>0.4501</u>	<u>2.4</u>
<u>252</u>	<u>FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17</u>	<u>0.2538</u>	<u>1.000</u>	<u>0.2538</u>	<u>1.8</u>
<u>253</u>	<u>FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W CC</u>	<u>0.7253</u>	<u>1.000</u>	<u>0.7253</u>	<u>3.7</u>
<u>254</u>	<u>FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/O CC</u>	<u>0.4413</u>	<u>1.003</u>	<u>0.4427</u>	<u>2.6</u>
<u>255</u>	<u>FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE 0-17</u>	<u>0.2956</u>	<u>1.000</u>	<u>0.2956</u>	<u>2.9</u>
<u>256</u>	<u>OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES</u>	<u>0.7959</u>	<u>1.000</u>	<u>0.7959</u>	<u>3.8</u>
<u>257</u>	<u>TOTAL MASTECTOMY FOR MALIGNANCY W CC</u>	<u>0.9107</u>	<u>1.000</u>	<u>0.9107</u>	<u>2.3</u>
<u>258</u>	<u>TOTAL MASTECTOMY FOR MALIGNANCY W/O CC</u>	<u>0.7232</u>	<u>1.000</u>	<u>0.7232</u>	<u>1.8</u>
<u>259</u>	<u>SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC</u>	<u>0.9068</u>	<u>1.000</u>	<u>0.9068</u>	<u>1.8</u>

<u>260</u>	<u>SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC</u>	<u>0.6532</u>	<u>1.000</u>	<u>0.6532</u>	<u>1.3</u>
<u>261</u>	<u>BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION</u>	<u>0.9362</u>	<u>1.000</u>	<u>0.9362</u>	<u>1.7</u>
<u>262</u>	<u>BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY</u>	<u>0.8754</u>	<u>1.000</u>	<u>0.8754</u>	<u>2.7</u>
<u>263</u>	<u>SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC</u>	<u>2.1219</u>	<u>1.000</u>	<u>2.1219</u>	<u>8.9</u>
<u>264</u>	<u>SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC</u>	<u>1.1479</u>	<u>1.000</u>	<u>1.1479</u>	<u>5.4</u>
<u>265</u>	<u>SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC</u>	<u>1.5309</u>	<u>1.000</u>	<u>1.5309</u>	<u>4.3</u>
<u>266</u>	<u>SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC</u>	<u>0.8707</u>	<u>1.131</u>	<u>0.9844</u>	<u>2.4</u>
<u>267</u>	<u>PERIANAL & PILONIDAL PROCEDURES</u>	<u>1.0792</u>	<u>1.000</u>	<u>1.0792</u>	<u>3.1</u>
<u>268</u>	<u>SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES</u>	<u>1.1405</u>	<u>1.000</u>	<u>1.1405</u>	<u>2.4</u>
<u>269</u>	<u>OTHER SKIN, SUBCUT TISS & BREAST PROC W CC</u>	<u>1.7004</u>	<u>1.000</u>	<u>1.7004</u>	<u>5.8</u>
<u>270</u>	<u>OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC</u>	<u>0.767</u>	<u>1.000</u>	<u>0.7670</u>	<u>2.3</u>
<u>271</u>	<u>SKIN ULCERS</u>	<u>1.0104</u>	<u>1.000</u>	<u>1.0104</u>	<u>5.5</u>
<u>272</u>	<u>MAJOR SKIN DISORDERS W CC</u>	<u>0.9994</u>	<u>1.000</u>	<u>0.9994</u>	<u>4.8</u>
<u>273</u>	<u>MAJOR SKIN DISORDERS W/O CC</u>	<u>0.6179</u>	<u>1.000</u>	<u>0.6179</u>	<u>3.2</u>
<u>274</u>	<u>MALIGNANT BREAST DISORDERS W CC</u>	<u>1.2061</u>	<u>1.000</u>	<u>1.2061</u>	<u>4.9</u>
<u>275</u>	<u>MALIGNANT BREAST DISORDERS W/O CC</u>	<u>0.5301</u>	<u>1.000</u>	<u>0.5301</u>	<u>2.4</u>
<u>276</u>	<u>NON-MALIGANT BREAST DISORDERS</u>	<u>0.6899</u>	<u>1.000</u>	<u>0.6899</u>	<u>3.6</u>
<u>277</u>	<u>CELLULITIS AGE >17 W CC</u>	<u>0.8396</u>	<u>0.791</u>	<u>0.6641</u>	<u>4.7</u>
<u>278</u>	<u>CELLULITIS AGE >17 W/O CC</u>	<u>0.5522</u>	<u>0.865</u>	<u>0.4779</u>	<u>3.6</u>
<u>279</u>	<u>CELLULITIS AGE 0-17</u>	<u>0.6644</u>	<u>1.000</u>	<u>0.6644</u>	<u>4.2</u>
<u>280</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC</u>	<u>0.6788</u>	<u>1.000</u>	<u>0.6788</u>	<u>3.2</u>

<u>281</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC</u>	<u>0.4729</u>	<u>0.971</u>	<u>0.4591</u>	<u>2.4</u>
<u>282</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17</u>	<u>0.257</u>	<u>1.000</u>	<u>0.2570</u>	<u>2.2</u>
<u>283</u>	<u>MINOR SKIN DISORDERS W CC</u>	<u>0.6917</u>	<u>1.000</u>	<u>0.6917</u>	<u>3.5</u>
<u>284</u>	<u>MINOR SKIN DISORDERS W/O CC</u>	<u>0.4336</u>	<u>1.000</u>	<u>0.4336</u>	<u>2.5</u>
<u>285</u>	<u>AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT & METABOL DISORDERS</u>	<u>1.9961</u>	<u>1.000</u>	<u>1.9961</u>	<u>7.7</u>
<u>286</u>	<u>ADRENAL & PITUITARY PROCEDURES</u>	<u>2.1299</u>	<u>1.000</u>	<u>2.1299</u>	<u>4.9</u>
<u>287</u>	<u>SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS</u>	<u>1.8283</u>	<u>1.000</u>	<u>1.8283</u>	<u>7.8</u>
<u>288</u>	<u>O.R. PROCEDURES FOR OBESITY</u>	<u>2.1607</u>	<u>1.000</u>	<u>2.1607</u>	<u>4.5</u>
<u>289</u>	<u>PARATHYROID PROCEDURES</u>	<u>0.9914</u>	<u>1.000</u>	<u>0.9914</u>	<u>2</u>
<u>290</u>	<u>THYROID PROCEDURES</u>	<u>0.9193</u>	<u>1.000</u>	<u>0.9193</u>	<u>1.8</u>
<u>291</u>	<u>THYROGLOSSAL PROCEDURES</u>	<u>0.5487</u>	<u>1.000</u>	<u>0.5487</u>	<u>1.4</u>
<u>292</u>	<u>OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC</u>	<u>2.4538</u>	<u>1.000</u>	<u>2.4538</u>	<u>6.9</u>
<u>293</u>	<u>OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC</u>	<u>1.2289</u>	<u>1.000</u>	<u>1.2289</u>	<u>3.6</u>
<u>294</u>	<u>DIABETES AGE >35</u>	<u>0.7589</u>	<u>1.000</u>	<u>0.7589</u>	<u>3.6</u>
<u>295</u>	<u>DIABETES AGE 0-35</u>	<u>0.7587</u>	<u>1.000</u>	<u>0.7587</u>	<u>2.9</u>
<u>296</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC</u>	<u>0.8594</u>	<u>1.000</u>	<u>0.8594</u>	<u>4</u>
<u>297</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC</u>	<u>0.5179</u>	<u>1.000</u>	<u>0.5179</u>	<u>2.8</u>
<u>298</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17</u>	<u>0.5269</u>	<u>1.000</u>	<u>0.5269</u>	<u>2.5</u>
<u>299</u>	<u>INBORN ERRORS OF METABOLISM</u>	<u>0.9632</u>	<u>1.000</u>	<u>0.9632</u>	<u>4</u>
<u>300</u>	<u>ENDOCRINE DISORDERS W CC</u>	<u>1.0829</u>	<u>1.000</u>	<u>1.0829</u>	<u>4.7</u>
<u>301</u>	<u>ENDOCRINE DISORDERS W/O CC</u>	<u>0.6133</u>	<u>1.000</u>	<u>0.6133</u>	<u>2.9</u>
<u>302</u>	<u>KIDNEY TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

<u>303</u>	<u>KIDNEY URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM</u>	<u>2.4602</u>	<u>1.000</u>	<u>2.4602</u>	<u>7</u>
<u>304</u>	<u>KIDNEY URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC</u>	<u>2.3407</u>	<u>1.000</u>	<u>2.3407</u>	<u>6.4</u>
<u>305</u>	<u>KIDNEY URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC</u>	<u>1.1825</u>	<u>1.000</u>	<u>1.1825</u>	<u>3.1</u>
<u>306</u>	<u>PROSTATECTOMY W CC</u>	<u>1.2489</u>	<u>1.000</u>	<u>1.2489</u>	<u>3.7</u>
<u>307</u>	<u>PROSTATECTOMY W/O CC</u>	<u>0.646</u>	<u>1.000</u>	<u>0.6460</u>	<u>1.9</u>
<u>308</u>	<u>MINOR BLADDER PROCEDURES W CC</u>	<u>1.6449</u>	<u>1.000</u>	<u>1.6449</u>	<u>4.2</u>
<u>309</u>	<u>MINOR BLADDER PROCEDURES W/O CC</u>	<u>0.9339</u>	<u>1.000</u>	<u>0.9339</u>	<u>2</u>
<u>310</u>	<u>TRANSURETHRAL PROCEDURES W CC</u>	<u>1.1172</u>	<u>1.000</u>	<u>1.1172</u>	<u>3</u>
<u>311</u>	<u>TRANSURETHRAL PROCEDURES W/O CC</u>	<u>0.6174</u>	<u>1.000</u>	<u>0.6174</u>	<u>1.6</u>
<u>312</u>	<u>URETHRAL PROCEDURES, AGE >17 W CC</u>	<u>1.0173</u>	<u>1.000</u>	<u>1.0173</u>	<u>3</u>
<u>313</u>	<u>URETHRAL PROCEDURES, AGE >17 W/O CC</u>	<u>0.6444</u>	<u>1.000</u>	<u>0.6444</u>	<u>1.7</u>
<u>314</u>	<u>URETHRAL PROCEDURES, AGE 0-17</u>	<u>0.4953</u>	<u>1.000</u>	<u>0.4953</u>	<u>2.3</u>
<u>315</u>	<u>OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES</u>	<u>2.0474</u>	<u>1.000</u>	<u>2.0474</u>	<u>4.2</u>
<u>316</u>	<u>RENAL FAILURE</u>	<u>1.3424</u>	<u>1.000</u>	<u>1.3424</u>	<u>4.9</u>
<u>317</u>	<u>ADMIT FOR RENAL DIALYSIS</u>	<u>0.7395</u>	<u>1.000</u>	<u>0.7395</u>	<u>2.1</u>
<u>318</u>	<u>KIDNEY & URINARY TRACT NEOPLASMS W CC</u>	<u>1.1313</u>	<u>1.000</u>	<u>1.1313</u>	<u>4.3</u>
<u>319</u>	<u>KIDNEY & URINARY TRACT NEOPLASMS W/O CC</u>	<u>0.604</u>	<u>1.000</u>	<u>0.6040</u>	<u>2.2</u>
<u>320</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC</u>	<u>0.8621</u>	<u>1.000</u>	<u>0.8621</u>	<u>4.3</u>
<u>321</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC</u>	<u>0.5686</u>	<u>1.000</u>	<u>0.5686</u>	<u>3.2</u>
<u>322</u>	<u>KIDNEY & URINARY TRACT INFECTIONS AGE 0-17</u>	<u>0.4939</u>	<u>1.000</u>	<u>0.4939</u>	<u>3.3</u>
<u>323</u>	<u>URINARY STONES W CC, &/OR ESW LITHOTRIPSY</u>	<u>0.7996</u>	<u>1.000</u>	<u>0.7996</u>	<u>2.4</u>
<u>324</u>	<u>URINARY STONES W/O CC</u>	<u>0.4509</u>	<u>1.000</u>	<u>0.4509</u>	<u>1.6</u>

<u>325</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC</u>	<u>0.646</u>	<u>1.000</u>	<u>0.6460</u>	<u>3</u>
<u>326</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC</u>	<u>0.4297</u>	<u>1.000</u>	<u>0.4297</u>	<u>2.1</u>
<u>327</u>	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17</u>	<u>0.3543</u>	<u>1.000</u>	<u>0.3543</u>	<u>3.1</u>
<u>328</u>	<u>URETHRAL STRICTURE AGE >17 W CC</u>	<u>0.7455</u>	<u>1.000</u>	<u>0.7455</u>	<u>2.8</u>
<u>329</u>	<u>URETHRAL STRICTURE AGE >17 W/O CC</u>	<u>0.5253</u>	<u>1.000</u>	<u>0.5253</u>	<u>1.7</u>
<u>330</u>	<u>URETHRAL STRICTURE AGE 0-17</u>	<u>0.3191</u>	<u>1.000</u>	<u>0.3191</u>	<u>1.6</u>
<u>331</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC</u>	<u>1.0221</u>	<u>1.000</u>	<u>1.0221</u>	<u>4.1</u>
<u>332</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC</u>	<u>0.5997</u>	<u>1.000</u>	<u>0.5997</u>	<u>2.5</u>
<u>333</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17</u>	<u>0.8247</u>	<u>1.000</u>	<u>0.8247</u>	<u>3.5</u>
<u>334</u>	<u>MAJOR MALE PELVIC PROCEDURES W CC</u>	<u>1.5591</u>	<u>1.000</u>	<u>1.5591</u>	<u>4.2</u>
<u>335</u>	<u>MAJOR MALE PELVIC PROCEDURES W/O CC</u>	<u>1.1697</u>	<u>1.000</u>	<u>1.1697</u>	<u>3.2</u>
<u>336</u>	<u>TRANSURETHRAL PROSTATECTOMY W CC</u>	<u>0.888</u>	<u>1.000</u>	<u>0.8880</u>	<u>2.7</u>
<u>337</u>	<u>TRANSURETHRAL PROSTATECTOMY W/O CC</u>	<u>0.6152</u>	<u>1.000</u>	<u>0.6152</u>	<u>1.9</u>
<u>338</u>	<u>TESTES PROCEDURES, FOR MALIGNANCY</u>	<u>1.19</u>	<u>1.000</u>	<u>1.1900</u>	<u>3.5</u>
<u>339</u>	<u>TESTES PROCEDURES, NON-MALIGNANCY AGE >17</u>	<u>1.0769</u>	<u>1.000</u>	<u>1.0769</u>	<u>3</u>
<u>340</u>	<u>TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17</u>	<u>0.2835</u>	<u>1.000</u>	<u>0.2835</u>	<u>2.4</u>
<u>341</u>	<u>PENIS PROCEDURES</u>	<u>1.1709</u>	<u>1.000</u>	<u>1.1709</u>	<u>2.1</u>
<u>342</u>	<u>CIRCUMCISION AGE >17</u>	<u>0.824</u>	<u>1.000</u>	<u>0.8240</u>	<u>2.5</u>
<u>343</u>	<u>CIRCUMCISION AGE 0-17</u>	<u>0.1541</u>	<u>1.000</u>	<u>0.1541</u>	<u>1.7</u>
<u>344</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY</u>	<u>1.1519</u>	<u>1.000</u>	<u>1.1519</u>	<u>1.6</u>

<u>345</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY</u>	<u>0.88</u>	<u>1.000</u>	<u>0.8800</u>	<u>2.6</u>
<u>346</u>	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC</u>	<u>0.9756</u>	<u>1.000</u>	<u>0.9756</u>	<u>4.3</u>
<u>347</u>	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC</u>	<u>0.5922</u>	<u>1.000</u>	<u>0.5922</u>	<u>2.4</u>
<u>348</u>	<u>BENIGN PROSTATIC HYPERTROPHY W CC</u>	<u>0.7142</u>	<u>1.000</u>	<u>0.7142</u>	<u>3.2</u>
<u>349</u>	<u>BENIGN PROSTATIC HYPERTROPHY W/O CC</u>	<u>0.438</u>	<u>1.000</u>	<u>0.4380</u>	<u>2</u>
<u>350</u>	<u>INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM</u>	<u>0.6992</u>	<u>1.000</u>	<u>0.6992</u>	<u>3.6</u>
<u>351</u>	<u>STERILIZATION, MALE</u>	<u>0.2364</u>	<u>1.000</u>	<u>0.2364</u>	<u>1.3</u>
<u>352</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES</u>	<u>0.6858</u>	<u>1.000</u>	<u>0.6858</u>	<u>2.8</u>
<u>353</u>	<u>PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY</u>	<u>1.9292</u>	<u>1.000</u>	<u>1.9292</u>	<u>5.3</u>
<u>354</u>	<u>UTERINE ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC</u>	<u>1.5284</u>	<u>1.000</u>	<u>1.5284</u>	<u>4.9</u>
<u>355</u>	<u>UTERINE ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC</u>	<u>0.9278</u>	<u>1.000</u>	<u>0.9278</u>	<u>3.1</u>
<u>356</u>	<u>FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES</u>	<u>0.7846</u>	<u>1.000</u>	<u>0.7846</u>	<u>2.1</u>
<u>357</u>	<u>UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY</u>	<u>2.3628</u>	<u>1.000</u>	<u>2.3628</u>	<u>6.9</u>
<u>358</u>	<u>UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC</u>	<u>1.2263</u>	<u>1.000</u>	<u>1.2263</u>	<u>3.7</u>
<u>359</u>	<u>UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC</u>	<u>0.8593</u>	<u>1.000</u>	<u>0.8593</u>	<u>2.6</u>
<u>360</u>	<u>VAGINA, CERVIX & VULVA PROCEDURES</u>	<u>0.886</u>	<u>1.000</u>	<u>0.8860</u>	<u>2.4</u>
<u>361</u>	<u>LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION</u>	<u>1.2318</u>	<u>1.000</u>	<u>1.2318</u>	<u>2.2</u>

<u>362</u>	<u>ENDOSCOPIC TUBAL INTERRUPTION</u>	<u>0.3022</u>	<u>1.000</u>	<u>0.3022</u>	<u>1.4</u>
<u>363</u>	<u>D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY</u>	<u>0.8136</u>	<u>1.000</u>	<u>0.8136</u>	<u>2.5</u>
<u>364</u>	<u>D&C, CONIZATION EXCEPT FOR MALIGNANCY</u>	<u>0.753</u>	<u>1.000</u>	<u>0.7530</u>	<u>2.6</u>
<u>365</u>	<u>OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES</u>	<u>1.8425</u>	<u>1.000</u>	<u>1.8425</u>	<u>4.9</u>
<u>366</u>	<u>MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC</u>	<u>1.2467</u>	<u>1.000</u>	<u>1.2467</u>	<u>4.8</u>
<u>367</u>	<u>MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC</u>	<u>0.5676</u>	<u>1.000</u>	<u>0.5676</u>	<u>2.4</u>
<u>368</u>	<u>INFECTIONS, FEMALE REPRODUCTIVE SYSTEM</u>	<u>1.1205</u>	<u>1.000</u>	<u>1.1205</u>	<u>5</u>
<u>369</u>	<u>MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS</u>	<u>0.5704</u>	<u>1.000</u>	<u>0.5704</u>	<u>2.4</u>
<u>370</u>	<u>CESAREAN SECTION W CC</u>	<u>1.0631</u>	<u>1.000</u>	<u>1.0631</u>	<u>4.4</u>
<u>371</u>	<u>CESAREAN SECTION W/O CC</u>	<u>0.7157</u>	<u>1.000</u>	<u>0.7157</u>	<u>3.3</u>
<u>372</u>	<u>VAGINAL DELIVERY W COMPLICATING DIAGNOSES</u>	<u>0.6077</u>	<u>1.000</u>	<u>0.6077</u>	<u>2.7</u>
<u>373</u>	<u>VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES</u>	<u>0.4169</u>	<u>1.000</u>	<u>0.4169</u>	<u>2</u>
<u>374</u>	<u>VAGINAL DELIVERY W STERILIZATION &/OR D&C</u>	<u>0.7565</u>	<u>1.000</u>	<u>0.7565</u>	<u>2.6</u>
<u>375</u>	<u>VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C</u>	<u>0.686</u>	<u>1.000</u>	<u>0.6860</u>	<u>4.4</u>
<u>376</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE</u>	<u>0.5224</u>	<u>1.000</u>	<u>0.5224</u>	<u>2.6</u>
<u>377</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE</u>	<u>0.8899</u>	<u>1.000</u>	<u>0.8899</u>	<u>2.6</u>
<u>378</u>	<u>ECTOPIC PREGNANCY</u>	<u>0.7664</u>	<u>1.000</u>	<u>0.7664</u>	<u>2</u>
<u>379</u>	<u>THREATENED ABORTION</u>	<u>0.3959</u>	<u>1.000</u>	<u>0.3959</u>	<u>2</u>
<u>380</u>	<u>ABORTION W/O D&C</u>	<u>0.4843</u>	<u>1.000</u>	<u>0.4843</u>	<u>1.8</u>

<u>381</u>	<u>ABORTION W D&C. ASPIRATION CURETTAGE OR HYSTEROTOMY</u>	<u>0.5331</u>	<u>1.000</u>	<u>0.5331</u>	<u>1.5</u>
<u>382</u>	<u>FALSE LABOR</u>	<u>0.2127</u>	<u>1.000</u>	<u>0.2127</u>	<u>1.3</u>
<u>383</u>	<u>OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS</u>	<u>0.5137</u>	<u>1.000</u>	<u>0.5137</u>	<u>2.7</u>
<u>384</u>	<u>OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS</u>	<u>0.3161</u>	<u>1.000</u>	<u>0.3161</u>	<u>1.6</u>
<u>385</u>	<u>NEONATES. DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY</u>	<u>1.3767</u>	<u>1.000</u>	<u>1.3767</u>	<u>1.8</u>
<u>386</u>	<u>EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE</u>	<u>4.54</u>	<u>1.000</u>	<u>4.5400</u>	<u>17.9</u>
<u>387</u>	<u>PREMATURITY W MAJOR PROBLEMS</u>	<u>3.1007</u>	<u>1.000</u>	<u>3.1007</u>	<u>13.3</u>
<u>388</u>	<u>PREMATURITY W/O MAJOR PROBLEMS</u>	<u>1.8709</u>	<u>1.000</u>	<u>1.8709</u>	<u>8.6</u>
<u>389</u>	<u>FULL TERM NEONATE W MAJOR PROBLEMS</u>	<u>1.8408</u>	<u>1.000</u>	<u>1.8408</u>	<u>4.7</u>
<u>390</u>	<u>NEONATE W OTHER SIGNIFICANT PROBLEMS</u>	<u>0.9471</u>	<u>1.000</u>	<u>0.9471</u>	<u>3</u>
<u>391</u>	<u>NORMAL NEWBORN</u>	<u>0.1527</u>	<u>1.000</u>	<u>0.1527</u>	<u>3.1</u>
<u>392</u>	<u>SPLENECTOMY AGE >17</u>	<u>3.1739</u>	<u>1.000</u>	<u>3.1739</u>	<u>7.1</u>
<u>393</u>	<u>SPLENECTOMY AGE 0-17</u>	<u>1.3486</u>	<u>1.000</u>	<u>1.3486</u>	<u>9.1</u>
<u>394</u>	<u>OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS</u>	<u>1.5969</u>	<u>1.000</u>	<u>1.5969</u>	<u>4.1</u>
<u>395</u>	<u>RED BLOOD CELL DISORDERS AGE >17</u>	<u>0.8257</u>	<u>1.000</u>	<u>0.8257</u>	<u>3.3</u>
<u>396</u>	<u>RED BLOOD CELL DISORDERS AGE 0-17</u>	<u>1.1573</u>	<u>1.000</u>	<u>1.1573</u>	<u>2.5</u>
<u>397</u>	<u>COAGULATION DISORDERS</u>	<u>1.2278</u>	<u>1.000</u>	<u>1.2278</u>	<u>3.8</u>
<u>398</u>	<u>RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC</u>	<u>1.275</u>	<u>1.000</u>	<u>1.2750</u>	<u>4.7</u>
<u>399</u>	<u>RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC</u>	<u>0.6881</u>	<u>1.000</u>	<u>0.6881</u>	<u>2.8</u>
<u>400</u>	<u>LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE</u>	<u>2.6309</u>	<u>1.000</u>	<u>2.6309</u>	<u>5.8</u>

<u>401</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC</u>	<u>2.7198</u>	<u>1.000</u>	<u>2.7198</u>	<u>7.8</u>
<u>402</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC</u>	<u>1.0985</u>	<u>1.000</u>	<u>1.0985</u>	<u>2.8</u>
<u>403</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W CC</u>	<u>1.7594</u>	<u>1.000</u>	<u>1.7594</u>	<u>5.7</u>
<u>404</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC</u>	<u>0.848</u>	<u>1.000</u>	<u>0.8480</u>	<u>3.1</u>
<u>405</u>	<u>ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17</u>	<u>1.912</u>	<u>1.000</u>	<u>1.9120</u>	<u>4.9</u>
<u>406</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC</u>	<u>2.8275</u>	<u>1.000</u>	<u>2.8275</u>	<u>7.6</u>
<u>407</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC</u>	<u>1.3179</u>	<u>1.000</u>	<u>1.3179</u>	<u>3.6</u>
<u>408</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC</u>	<u>2.0008</u>	<u>1.000</u>	<u>2.0008</u>	<u>4.8</u>
<u>409</u>	<u>RADIO THERAPY</u>	<u>1.1215</u>	<u>1.000</u>	<u>1.1215</u>	<u>4.4</u>
<u>410</u>	<u>CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS</u>	<u>0.9468</u>	<u>1.000</u>	<u>0.9468</u>	<u>2.9</u>
<u>411</u>	<u>HISTORY OF MALIGNANCY W/O ENDOSCOPY</u>	<u>0.3305</u>	<u>1.000</u>	<u>0.3305</u>	<u>2</u>
<u>412</u>	<u>HISTORY OF MALIGNANCY W ENDOSCOPY</u>	<u>0.4841</u>	<u>1.000</u>	<u>0.4841</u>	<u>2</u>
<u>413</u>	<u>OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC</u>	<u>1.3645</u>	<u>1.000</u>	<u>1.3645</u>	<u>5.3</u>
<u>414</u>	<u>OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC</u>	<u>0.7548</u>	<u>1.000</u>	<u>0.7548</u>	<u>3</u>
<u>415</u>	<u>O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES</u>	<u>3.5925</u>	<u>0.491</u>	<u>1.7628</u>	<u>10.4</u>
<u>416</u>	<u>SEPTICEMIA AGE >17</u>	<u>1.5278</u>	<u>1.000</u>	<u>1.5278</u>	<u>5.5</u>
<u>417</u>	<u>SEPTICEMIA AGE 0-17</u>	<u>1.1717</u>	<u>1.000</u>	<u>1.1717</u>	<u>3.7</u>
<u>418</u>	<u>POSTOPERATIVE & POST-TRAUMATIC INFECTIONS</u>	<u>1.0074</u>	<u>0.680</u>	<u>0.6851</u>	<u>4.8</u>

<u>419</u>	<u>FEVER OF UNKNOWN ORIGIN AGE >17 W CC</u>	<u>0.8709</u>	<u>1.000</u>	<u>0.8709</u>	<u>3.7</u>
<u>420</u>	<u>FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC</u>	<u>0.6057</u>	<u>1.000</u>	<u>0.6057</u>	<u>3</u>
<u>421</u>	<u>VIRAL ILLNESS AGE >17</u>	<u>0.6796</u>	<u>1.000</u>	<u>0.6796</u>	<u>3.1</u>
<u>422</u>	<u>VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17</u>	<u>0.7854</u>	<u>1.000</u>	<u>0.7854</u>	<u>2.8</u>
<u>423</u>	<u>OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES</u>	<u>1.725</u>	<u>1.000</u>	<u>1.7250</u>	<u>5.9</u>
<u>424</u>	<u>O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>425</u>	<u>ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>426</u>	<u>DEPRESSIVE NEUROSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>427</u>	<u>NEUROSES EXCEPT DEPRESSIVE</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>428</u>	<u>DISORDERS OF PERSONALITY & IMPULSE CONTROL</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>429</u>	<u>ORGANIC DISTURBANCES & MENTAL RETARDATION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>430</u>	<u>PSYCHOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>431</u>	<u>CHILDHOOD MENTAL DISORDERS</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>432</u>	<u>OTHER MENTAL DISORDER DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>433</u>	<u>ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>434</u>	<u>ALC/DRUG ABUSE OR DEPEND. DETOX OR OTH SYMPT TREAT W CC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>435</u>	<u>ALC/DRUG ABUSE OR DEPEND. DETOX OR OTH SYMPT TREAT W/O CC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>436</u>	<u>ALC/DRUG DEPENDENCE W REHABILITATION THERAPY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>437</u>	<u>ALC/DRUG DEPENDENCE, COMBINED REHAB & DETOX THERAPY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

<u>438</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>439</u>	<u>SKIN GRAFTS FOR INJURIES</u>	<u>1.7092</u>	<u>1.000</u>	<u>1.7092</u>	<u>5.3</u>
<u>440</u>	<u>WOUND DEBRIDEMENTS FOR INJURIES</u>	<u>1.9096</u>	<u>0.774</u>	<u>1.4776</u>	<u>5.8</u>
<u>441</u>	<u>HAND PROCEDURES FOR INJURIES</u>	<u>0.9463</u>	<u>0.991</u>	<u>0.9382</u>	<u>2.2</u>
<u>442</u>	<u>OTHER O.R. PROCEDURES FOR INJURIES W CC</u>	<u>2.3403</u>	<u>1.000</u>	<u>2.3403</u>	<u>5.4</u>
<u>443</u>	<u>OTHER O.R. PROCEDURES FOR INJURIES W/O CC</u>	<u>0.9978</u>	<u>1.002</u>	<u>1.0002</u>	<u>2.5</u>
<u>444</u>	<u>TRAUMATIC INJURY AGE >17 W CC</u>	<u>0.7243</u>	<u>1.000</u>	<u>0.7243</u>	<u>3.2</u>
<u>445</u>	<u>TRAUMATIC INJURY AGE >17 W/O CC</u>	<u>0.5076</u>	<u>0.811</u>	<u>0.4118</u>	<u>2.4</u>
<u>446</u>	<u>TRAUMATIC INJURY AGE 0-17</u>	<u>0.2964</u>	<u>1.000</u>	<u>0.2964</u>	<u>2.4</u>
<u>447</u>	<u>ALLERGIC REACTIONS AGE >17</u>	<u>0.5166</u>	<u>1.000</u>	<u>0.5166</u>	<u>1.9</u>
<u>448</u>	<u>ALLERGIC REACTIONS AGE 0-17</u>	<u>0.0975</u>	<u>1.000</u>	<u>0.0975</u>	<u>2.9</u>
<u>449</u>	<u>POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC</u>	<u>0.8076</u>	<u>1.000</u>	<u>0.8076</u>	<u>2.6</u>
<u>450</u>	<u>POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC</u>	<u>0.4406</u>	<u>0.666</u>	<u>0.2933</u>	<u>1.6</u>
<u>451</u>	<u>POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17</u>	<u>0.2632</u>	<u>1.000</u>	<u>0.2632</u>	<u>2.1</u>
<u>452</u>	<u>COMPLICATIONS OF TREATMENT W CC</u>	<u>1.0152</u>	<u>1.000</u>	<u>1.0152</u>	<u>3.5</u>
<u>453</u>	<u>COMPLICATIONS OF TREATMENT W/O CC</u>	<u>0.4987</u>	<u>1.000</u>	<u>0.4987</u>	<u>2.2</u>
<u>454</u>	<u>OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC</u>	<u>0.8593</u>	<u>1.000</u>	<u>0.8593</u>	<u>3.2</u>
<u>455</u>	<u>OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC</u>	<u>0.4672</u>	<u>0.748</u>	<u>0.3496</u>	<u>2</u>
<u>456</u>	<u>BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>457</u>	<u>EXTENSIVE BURNS W/O O.R. PROCEDURE</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>458</u>	<u>NON-EXTENSIVE BURNS W SKIN GRAFT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>459</u>	<u>NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. PROC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

<u>460</u>	<u>NON-EXTENSIVE BURNS W/O O.R. PROCEDURE</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>461</u>	<u>O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES</u>	<u>1.2101</u>	<u>0.921</u>	<u>1.1141</u>	<u>2.4</u>
<u>462</u>	<u>REHABILITATION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>463</u>	<u>SIGNS & SYMPTOMS W CC</u>	<u>0.6936</u>	<u>1.000</u>	<u>0.6936</u>	<u>3.3</u>
<u>464</u>	<u>SIGNS & SYMPTOMS W/O CC</u>	<u>0.4775</u>	<u>1.000</u>	<u>0.4775</u>	<u>2.4</u>
<u>465</u>	<u>AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS</u>	<u>0.5756</u>	<u>1.000</u>	<u>0.5756</u>	<u>2.1</u>
<u>466</u>	<u>AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS</u>	<u>0.684</u>	<u>1.000</u>	<u>0.6840</u>	<u>2.3</u>
<u>467</u>	<u>OTHER FACTORS INFLUENCING HEALTH STATUS</u>	<u>0.5112</u>	<u>1.000</u>	<u>0.5112</u>	<u>2.3</u>
<u>468</u>	<u>EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>3.6399</u>	<u>1.000</u>	<u>3.6399</u>	<u>9.2</u>
<u>469</u>	<u>PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>470</u>	<u>UNGROUPABLE</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>471</u>	<u>BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY</u>	<u>3.1957</u>	<u>1.000</u>	<u>3.1957</u>	<u>5</u>
<u>472</u>	<u>EXTENSIVE BURNS W O.R. PROCEDURE</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>473</u>	<u>ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17</u>	<u>3.5822</u>	<u>1.000</u>	<u>3.5822</u>	<u>7.6</u>
<u>474</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>475</u>	<u>RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>476</u>	<u>PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>2.2547</u>	<u>1.000</u>	<u>2.2547</u>	<u>8.4</u>
<u>477</u>	<u>NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>1.8204</u>	<u>1.000</u>	<u>1.8204</u>	<u>5.4</u>
<u>478</u>	<u>OTHER VASCULAR PROCEDURES W CC</u>	<u>2.3333</u>	<u>1.000</u>	<u>2.3333</u>	<u>4.9</u>
<u>479</u>	<u>OTHER VASCULAR PROCEDURES W/O CC</u>	<u>1.4326</u>	<u>1.000</u>	<u>1.4326</u>	<u>2.8</u>

<u>480</u>	<u>LIVER TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>481</u>	<u>BONE MARROW TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>482</u>	<u>TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>483</u>	<u>TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>484</u>	<u>CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA</u>	<u>5.5606</u>	<u>1.000</u>	<u>5.5606</u>	<u>8.8</u>
<u>485</u>	<u>LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TR</u>	<u>3.0998</u>	<u>1.000</u>	<u>3.0998</u>	<u>7.7</u>
<u>486</u>	<u>OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA</u>	<u>4.9048</u>	<u>1.000</u>	<u>4.9048</u>	<u>8.1</u>
<u>487</u>	<u>OTHER MULTIPLE SIGNIFICANT TRAUMA</u>	<u>2.0604</u>	<u>1.000</u>	<u>2.0604</u>	<u>5.6</u>
<u>488</u>	<u>HIV W EXTENSIVE O.R. PROCEDURE</u>	<u>4.5574</u>	<u>1.000</u>	<u>4.5574</u>	<u>11.5</u>
<u>489</u>	<u>HIV W MAJOR RELATED CONDITION</u>	<u>1.7414</u>	<u>1.000</u>	<u>1.7414</u>	<u>6</u>
<u>490</u>	<u>HIV W OR W/O OTHER RELATED CONDITION</u>	<u>0.968</u>	<u>1.000</u>	<u>0.9680</u>	<u>3.7</u>
<u>491</u>	<u>MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY</u>	<u>1.6685</u>	<u>1.000</u>	<u>1.6685</u>	<u>2.9</u>
<u>492</u>	<u>CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS</u>	<u>4.2467</u>	<u>1.000</u>	<u>4.2467</u>	<u>10.9</u>
<u>493</u>	<u>LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC</u>	<u>1.818</u>	<u>1.000</u>	<u>1.8180</u>	<u>4.3</u>
<u>494</u>	<u>LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC</u>	<u>1.0388</u>	<u>1.000</u>	<u>1.0388</u>	<u>2</u>
<u>495</u>	<u>LUNG TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>496</u>	<u>COMBINED ANTERIOR/POSTERIOR SPINAL FUSION</u>	<u>5.5532</u>	<u>1.000</u>	<u>5.5532</u>	<u>7.8</u>
<u>497</u>	<u>SPINAL FUSION W CC</u>	<u>2.9441</u>	<u>1.000</u>	<u>2.9441</u>	<u>4.9</u>
<u>498</u>	<u>SPINAL FUSION W/O CC</u>	<u>1.9057</u>	<u>1.000</u>	<u>1.9057</u>	<u>2.8</u>
<u>499</u>	<u>BACK & NECK PROCS EXCEPT SPINAL FUSION W CC</u>	<u>1.4572</u>	<u>1.000</u>	<u>1.4572</u>	<u>3.6</u>

<u>500</u>	<u>BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC</u>	<u>0.9805</u>	<u>1.000</u>	<u>0.9805</u>	<u>2.2</u>
<u>501</u>	<u>KNEE PROC W PDX OF INFECTION W CC</u>	<u>2.6283</u>	<u>1.000</u>	<u>2.6283</u>	<u>8.4</u>
<u>502</u>	<u>KNEE PROC W PDX OF INFECTION W/O CC</u>	<u>1.4434</u>	<u>1.000</u>	<u>1.4434</u>	<u>4.9</u>
<u>503</u>	<u>KNEE PROCEDURES W/O PDX OF INFECTION</u>	<u>1.2156</u>	<u>1.000</u>	<u>1.2156</u>	<u>3.1</u>
<u>504</u>	<u>EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>505</u>	<u>EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>506</u>	<u>FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>507</u>	<u>FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>508</u>	<u>FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>509</u>	<u>FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>510</u>	<u>NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>511</u>	<u>NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
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December 28, 2000

TO: INTERESTED MEMBERS OF THE PUBLIC

RE: INPATIENT HOSPITAL FEE SCHEDULE RULEMAKING

I want to provide an update to interested members of the community regarding the status of the Inpatient Hospital Fee Schedule rulemaking. The current rulemaking action was commenced in order to adopt interim relief that appeared to be needed in relation to spinal surgery DRGs 496-500 and in order to provide an interim cost outlier methodology. In light of comments received to date, the Division intends to adopt the modified proposal (which had been subject to a comment period which ended 12/20/00) in relation to the instrumentation costs for the spinal surgery codes. Under this proposal, the cost of the implantable hardware will be excluded from the DRG payment and subject to a separate payment of actual documented paid cost, plus 10% of cost (to a maximum of \$250). This an interim solution to the spinal surgery code issues; the regulations will specify that the implantable hardware amendments will "sunset" as of 12/30/01. The Division intends to adopt the provisions relating to implantable hardware as soon as Department of Finance concurrence is obtained on the Division's estimate of the economic and fiscal impact of these regulations.

In light of comments received during the most recent comment period, the modified proposal regarding cost outliers needs further revision and will not be adopted in its present form. The rulemaking action will continue in relation to the cost outlier provisions. It is anticipated that a modified cost outlier proposal will be distributed for a 15 – day public comment period in January of 2001. I intend to press forward as rapidly as possible to adopt a cost outlier for the inpatient fee schedule.

The Commission on Health and Safety and Workers' Compensation has undertaken a study of the Inpatient Hospital Fee Schedule. The study will make recommendations that will allow the Division to replace the interim provisions with longer range solutions. The Division will commence a rulemaking action this spring to update the fee schedule in light of the CHSWC study.

Sincerely,

Richard P. Gannon
Administrative Director

State of California
DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

**NOTICE OF ADDITION OF DOCUMENTS AND INFORMATION TO
RULEMAKING FILE AND NOTICE OF AVAILABILITY
OF DOCUMENTS FOR PUBLIC INSPECTION AND COMMENT**

NOTICE IS HEREBY GIVEN in accordance with Government Code Sections 11346.8 and 11346.9(a)(1), and Section 45 of Title 1 of the California Code of Regulations, that the following documents that will be considered and/or relied upon by the Division in adopting the regulations currently under consideration have been added to the rulemaking file and are currently available for public inspection and comment.

A. ADDITION TO THE RULEMAKING FILE OF A LETTER FROM THE ADMINISTRATIVE DIRECTOR TO THE HEALTH CARE FINANCING ADMINISTRATION AND THE REPLY LETTER FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

On September 25, 2000, the Administrative Director made a written request to the federal Health Care Financing Administration (HCFA) for information concerning HCFA's experience with reimbursement for implantable hardware and instrumentation under DRGs 496-500.

In response to this inquiry, the Administrative Director has received a letter dated December 6, 2000, from Mark Miller, Ph.D., Acting Director of the Center for Health Plans and Providers, Department of Health and Human Services (DHHS).

Dr. Miller states that DHHS has not received complaints about under-reimbursement in these DRGs, but that DHHS will specifically focus on this issue in its annual update. Dr. Miller also states that it is DHHS's practice to make a single global payment for each DRG and that an approach that exempts the costs of hardware and instrumentation from the DRG payment would likely not be used under the Medicare DRG system.

B. ADDITION OF THE COMMISSION ON HEALTH AND SAFETY AND WORKERS' COMPENSATION'S INTERIM PROGRESS REPORT ON THE COMMISSION'S INPATIENT HOSPITAL FEE SCHEDULE TO THE RULEMAKING FILE

The Administrative Director has received an interim progress report dated December 11, 2000, that addresses the progress of the Commission's study to date. The interim progress report states that on the basis of a comprehensive search of medical literature on issues concerning instrumented spinal surgeries, and an analysis of the various data sets obtained by the researchers, the study findings to date suggest that establishing a fee schedule or a list of suggested reimbursement amounts for specific spine instrumentation hardware items would not be the optimal approach to resolving the reimbursement issues concerning DRGs 496-500.

The interim progress report suggests not instituting any changes at this time in the regulations regarding reimbursement of these items or the spine surgery DRGs. The interim progress report states that reimbursement recommendations that would be more feasible, flexible, durable and fair to all involved parties, such as establishing a limited set of procedure-specific DRG supplement amounts, are currently under development by the researchers. The interim progress report states that these recommendations will take into account both the costs related to the instrumentation hardware as well as the clinical effectiveness and related cost savings, and will include a methodology for applying the recommended reimbursement approaches to other new technologies as they are developed and marketed.

AVAILABILITY OF DOCUMENTS FOR PUBLIC INSPECTION:

These documents are currently available for public inspection at the Division's offices at 455 Golden Gate Avenue, Ninth floor, San Francisco, California, 94102, during normal business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays. Please contact the Division's regulations coordinator, Ms. Guia Carreon at (415) 703-4600 to arrange to inspect the rulemaking file.

THE PUBLIC COMMENT PERIOD CONCERNING THESE DOCUMENTS:

The public may submit written comments concerning the documents described above.

The Division's contact person must receive all written comments regarding these documents no later than 5:00 p.m. on January 16, 2001. All timely received written comments that pertain to the above listed documents will be reviewed, considered and responded to by the Division's staff as part of the compilation of the rulemaking file. Any written comments regarding these documents should be addressed to:

Ms. Guia Carreon,
Regulations Coordinator
Department of Industrial Relations
Division of Workers' Compensation
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